

The Healthy Child and the Child at Risk:
The Formation and Transformation of Health,
Risk and Non-risk Identities in the Encounter
between Policy, Teachers and Pupils

Mathilde Cecchini

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I dedicate this dissertation to the teachers and children who let me into their lives and shared their thoughts and stories with me. Thank you for making this dissertation possible. Thank you for reminding me of the joys of Capri-sonne, playing rounders and listening to Blink182.

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Chapter 1.

Introduction

The point of physical education is not only to improve their physical fitness. It is also to introduce them to team sports and to teach them to define and follow rules (Maiken, teacher at Sønderskolen).

This dissertation is about what happens in the encounter between health promotion policies, teachers and pupils in everyday school life in the Danish Public School. The quote above is from an interview I conducted with a teacher at one of the schools where I did fieldwork for my PhD project. This short quote captures what I argue in this dissertation is an important characteristic of health education in the Danish school system: that health initiatives become a part of the civilizing project of the school. From the outset, the health-promoting policies of the state, which are supposed to be carried out by the schools, have a civilizing dimension. Health initiatives in schools are not merely aimed at improving the physical state of the children's bodies. Nor is it only a matter of educating the children on health. Rather, health promotion is embedded in the project of forming the children as civilized citizens. Health promotion becomes a question of turning the children into responsible and capable individuals who are ready to enter society. As the opening quote illustrates, teachers such as Maiken also interpret their health-promoting task as a matter of civilizing the children. Health promotion thus entails constructing the meaning of the good and healthy life as well as the good and healthy citizen. In other words, health education in schools becomes a lesson in the civilized citizen identity.

In the dissertation, I examine how the meaning of health and health identities is constructed and transformed in the encounter between policies, teachers and pupils. I draw on the literature on state-citizen encounters in street-level bureaucracies and focus on the meaning making processes that take place in daily interactions between policies, teachers and children in schools. The dissertation is based on an ethnographic study carried out in two Danish Public Schools.

In this chapter, I discuss the empirical relevance and broader societal importance of studying in health promotion in the Danish Public School and explain why this case is interesting from a theoretical perspective. Afterwards, I briefly present the overall focus of the dissertation, its theoretical perspective, methodological approach, findings and contribution. Finally, I outline the structure of the dissertation.

1.1. Research question and relevance

Since the end of the Second World War, the understanding of health has changed from the absence of disease to a complete state of physical, mental and social well-being (WHO 1948). Likewise, government health policies have shifted focus from treating illnesses to promoting health (Ottawa 1986). In Denmark, the focus on health prevention and promotion has intensified because of the relatively low national average life span and the relatively high and increasing social inequality in health compared to other European countries (Cavelaars, Kunst et al. 1998, Silventoinen and Lahelma 2002, von dem Knesebeck, Verde et al. 2006, Lahelma and Lundberg 2009, Diderichsen, Andersen et al. 2011, Illemann Christensen 2014). Population health is a priority of the Danish government, and early intervention is seen as a tool to improve population health and reduce social inequality in health (Diderichsen, Andersen et al. 2011, Hvass 2012). Despite the intensive focus on health and health promotion in Denmark, the overall health state of the Danish population seems to deteriorate. The percentage of overweight people and the percentage of young people who start smoking are increasing (Sundhedsministeriet 2018, Sundhedsstyrelsen 2018). These patterns in the population's health state have given rise to policies aimed at preventing health risks and promoting health among the younger population (Act No. 191 of 28/02/2018, chapter 36). Schools (as well as other child institutions) have thus become instruments in improving population health.

Health education has for many years been a part of the curriculum in the Danish Public School, but in recent years, health promotion has become a core task of the school via reforms of the Danish Public School, a focus on health promotion and prevention policies and early intervention initiatives (Act No. 665 of 20/06/14, Act No. 191 of 28/02/2018, chapter 36).

All schools are required to promote health, but it is to a large extent up to the individual school and even the individual teacher how the health promotion and prevention policies of the state are incorporated into the daily school life. For example, daily physical activity has become mandatory, and in principle it is the individual teacher's responsibility to implement it in their teaching (Act No. 665 of 20/06/14). Moreover, "Health and sexual education and family studies" is a mandatory topic from 8th through 9th grade, but it is "un-scheduled", which means that it is integrated in other subjects by one or more of the teachers in their classes (Act No. 1510 of 14/12/2017).

Public authorities as well as scholars from different disciplines are interested in how schools and teachers administer this task and in its effects on

children's health. Children's health and well-being are thus examined, monitored and evaluated in regular health measurements, surveys etc. (Act No. 1167 of 12/10/2015).

However, while public authorities and scholars are preoccupied with the outcome of health promotion, the question of how health promotion becomes a part of everyday school life receives less attention. Although health promotion in schools has been the focus of a wide range of studies, especially within social epidemiology, public health and health pedagogical studies, these literatures focus on evaluating and studying the outcome of health promotion efforts in schools (Maes and Lievens 2003, Bond, Butler et al. 2007, Carlsson and Simovska 2012, Griebler, Rojatz et al. 2014).

In contrast to these studies, the overall research question of this dissertation is: How is the health-promoting project of the state incorporated into the overall project of the school, and how is it carried out in everyday school life? I argue that in order to fully comprehend the significance and effect that the state's health-promotion initiatives have in the Danish Public School, it is necessary to obtain a better understanding of the process by which the health-promoting project is incorporated into everyday school life. This entails focusing on how the project is interpreted and re-interpreted by the actors in the empirical setting and how it is carried out in daily interactions in schools. This dissertation examines these processes of meaning making in daily encounters between health policies, teachers and pupils by applying an encounter perspective on the phenomenon "health promotion" in the Danish Public School. The project thus sheds light on what health promotion policies actually do in everyday life in schools, that is, the meaning they acquire for the actors in the setting, and thereby uncovers why health policies may not always have the intended effects. Meaning making and identity formation are also outcomes of policies, and by studying these processes in everyday encounters between policies, teachers and children, the dissertation points to possible logics as well as potential limits of governance at the frontline where policies are implemented.

The dissertation thus has relevance for understanding current health efforts aimed at young people in the Danish Public School. However, it is also a study of a specific type of encounter in the street-level bureaucracy: an encounter between a moral project of the state, frontline workers and "normal citizens". Moreover, it represents an encounter where the frontline workers are carrying out a moral project, which is not traditionally a part of their professional tasks. In the following I will elaborate on the characteristics of this encounter.

Unlike many state-citizen encounters in the street-level bureaucracy, the school represents an encounter between the state's representative (teachers)

and the wider population of all children (the normal citizens). In the encounter between child and school, a service (education) is delivered, but the encounter also has a moral dimension. The Danish Public School is not only an educational institution. It is a civilizing institution. In the words of Merete Riisager, the current Danish Minister of Education:

The school is first and last a civilizing venue (Riisager 2017).

The school introduces the child to the rules and norms of society; in other words, it makes the children members of the social community. Seeing the school as a civilizing venue is not new; the school has always been a moral project of the state. With the introduction of *Almueskolen*¹ in 1814, education was made mandatory for all children in Denmark. The introduction of compulsory education was a result of the state's newly discovered interest in upgrading the labor force and improving the socioeconomic conditions of the population and not least its moral (Markussen 1995, Nielsen 2010). The purpose of the *Almueskole*, which in 1899 was renamed *Folkeskolen*², was thus twofold: providing the children with academic skills and forming them as civilized citizens:

The education of the children must in general aim at forming them as good and law-abiding people in accordance with the evangelical Christian doctrine; and at instilling in them the knowledge and skills they need to become useful citizens of the state (Statutory order for the Rural Peasant School System in Denmark of 29 July 1814, § 22).

The purpose of the Danish Public School has from the beginning been to educate as well as civilize the population. It thereby constitutes a moral project aimed at civilizing the population and promoting the social cohesiveness of the nation. Initially, this moral project was the religious moral project of the Danish State Church. The school had to form the children as good and “law-abiding” Christians, and the morality the school was supposed to induce in the children was the evangelical Christian doctrine. Over time, the purpose of the Danish Public School has been adapted to the Danish secularized society, however the school has maintained its dual aim. The following excerpt is from the current version of the preamble to the Act of the Danish Public School:

(1) The *Folkeskole* is, in cooperation with the parents, to provide students with the knowledge and skills that will prepare them for further education and

¹ *Almue* means peasants and the *Almueskole* thus translates into the peasants' schools.

² *Folkeskolen* translates into the people's school

training and instil in them the desire to learn more; familiarise them with Danish culture and history; give them an understanding of other countries and cultures; contribute to their understanding of the interrelationship between human beings and the environment; and promote the well-rounded development of the individual student. ... The Folkeskole is to prepare the students to be able to participate, demonstrate mutual responsibility and understand their rights and duties in a free and democratic society. The daily activities of the school must, therefore, be conducted in a spirit of intellectual freedom, equality and democracy (Act No. 1510 of 14/12/2017).

As the quote shows, the project of the Danish Public School still contains a moral element, namely prepare the children to be active, responsible citizens in a free and democratic society. The Danish Public school continues to be a moral project, to serve the function of forming good citizens as well as promoting social cohesiveness in the Danish society. However, the moral project is no longer the Christian religious project of the state church, but the liberal democratic project of the secular state. Before the aim was to produce good Christians. Now the aim is to produce democratic citizens.

Although there is nothing new about the school acting as a moral agent, I argue that in recent years the state has begun to use the school more strategically as an instrument to carry out its moral project and solve problems in society. The school has become the solution to many of these problems or, more precisely, the school as an institution is thought to be the place and the instrument to accommodate societal challenges. The school is mentioned as the place and means to promote integration of immigrants, handling the challenges of climate change and promote the competitiveness of Denmark and the Danish production and labor market (KL 2012, Riisager 2017, Jespersen 2018). Moreover, the school has become an instrument to improve population health by means of early intervention initiatives (Act No. of 28/02/2018, chapter 36). Although it is not my aim to generalize the findings of this dissertation to other policy areas, the study of the encounter between health promotion policies, teachers and pupils can also tell us something about what happens when the teachers become the moral agents of the state with in areas – such as health – that are not traditionally part of their core professionalism. The encounter studied in the dissertation thus have several particularities: the street-level bureaucrats are carrying out a moral project of the state in the encounter with the broader population of the “normal citizens”, and this moral project is not part of the traditional core task of the frontline worker.

As mentioned, the dissertation examines how the health-promoting project of the state is incorporated and transformed in everyday school life in the encounter between policies, teachers and pupils. The dissertation thus mainly draws on and contributes to theories on state-citizen encounters as they are

presented within both public administration and sociology (Lipsky 1980, Järvinen, Elm Larsen et al. 2002, Maynard-Moody and Musheno 2003, Dubois 2010, Gubrium and Järvinen 2014). More specifically, it contributes to this literature by focusing on a type of encounter that has not received much attention and by asking: What happens when frontline workers increasingly and unrelated to their core professionalism act as moral agents of the state in the encounter with “the normal citizen”? Studying a different context than the literature on state-citizen encounters usually does allows me to explore how processes of meaning making and identity formation play out in different types of encounters.

Also in contrast to most studies within the street-level bureaucracy literature, the encounter perspective is chosen as the main focus, which entails that I study what happens “in-between” frontline workers and citizens. Instead of focusing on either the attitudes of street-level bureaucrats or citizens, I study everyday interactions between teachers and pupils. With this perspective follows the methodological choice of conducting an ethnographic study combining participant observation with different types of archival and interview data. This approach allows me to study the encounter between health-promotion policies, teachers and pupils as “the in-between”, as situated relational performances (Bartels 2013).

Based on these theoretical and methodological choices, the dissertation thus seeks to contribute to our empirical knowledge and understanding of what goes on when health promotion policies are incorporated in everyday life in schools.

1.2. The structure of the dissertation

The dissertation is divided into four parts. The first part consists of this introductory chapter and a literature review in Chapter 2. These two chapters present the topic of the dissertation, the focus and findings of previous studies in this field and specify how the dissertation contributes to our knowledge and understanding of the encounter between policies, frontline workers and citizens.

The second part of the dissertation presents the theoretical framework (Chapter 3) and the methodological framework (Chapter 4) of my study. In Chapter 3, I build a theory and argument on the meaning making and identification processes in the encounter between health-promotion policies, teachers and pupils. I draw on theoretical insights, concepts and explanations from the public administration literature on public encounters in street-level bureaucracies as well as the sociological literature on power and identification in

welfare encounters. Moreover, I find inspiration in the anthropology and sociology of childhood and education as well as sociology of health and illness. The chapter ends by specifying the overall research question of the dissertation as well as three specific questions for analysis. In Chapter 4, I present the methodological framework, including the methodological approach, research design, case selection, data generation process and the initial data processing. Finally, I discuss the robustness and trustworthiness of the analysis based on the methodological challenges and considerations I faced in designing and carrying out the research project. This chapter also contains some reflections on the ethical aspects and implications of this research project.

The third part of the dissertation contains four chapters, namely the empirical and analytical chapters. Chapter 5 is an empirical description of the research sites of the project. Based on the empirical material, I seek to give an impression of the social settings in the four school classes that constitute the research sites of the dissertation in order to situate the subsequent analyses in the social context. Chapters 6-8 constitute the analytical part of the dissertation. In each chapter, I shed light on the encounter between health policies, teachers and pupils by employing different analytical grips that allow me to capture different aspects of the encounter. Using discourse analysis as an analytical grip, Chapter 6 examines how the meaning of health and health promotion is constructed and transformed in the encounter between health-promotion policies, teachers and pupils. In Chapter 7, a categorization analysis uncovers how health identities are constructed and transformed in the encounter between health-promotion policies, teachers and pupils. In Chapter 8, I carry out a symbolic interactionist analysis of how teachers and pupils perform and negotiate health identities in their encounters in everyday school life.

The fourth part of the dissertation (Chapter 9) sums up the findings and discusses the overall insights and implications of the findings (for further research and for health-promotion policies in the Danish Public School).

Chapter 2. Literature review

In this chapter, I present and discuss the existing literature that is relevant for the study of health promotion and prevention in schools and clarify how this dissertation will contribute to the literature. First, I look into what we already know from different literatures about the encounter between health policies, teachers and pupils in schools. I start by presenting the social epidemiological and critical health pedagogical literatures on health promotion in the school setting as well as sociological literature on the health lifestyles of children and young people. I argue that in order to understand what happens in the encounter between school and pupil, we need a more nuanced understanding of what goes on in the encounter between health policies, teachers and pupils than these literatures can offer. Next, I present and discuss the literature on public encounters in the street-level bureaucracy as well as the sociological literature on welfare encounters and how these perspectives can contribute to our understanding of health promotion in the school setting. Here, I also include a brief discussion of sociological contributions to the understanding of health promotion and prevention policies.

Second, I explicate what we do not know about this case and what I set out to investigate in this dissertation in order to contribute to our understanding of what happens when political health prevention and promotion encounter teachers and pupils. In addition, I discuss in more detail why the case of health promotion and prevention is particularly interesting for political sociology, i.e., what this is a case of. In sum, the discussion of questions and findings in the existing literature as well as the presentation of questions the literature has not asked help to substantiate the overall contribution of the dissertation.

2.1. What do we know about health promotion and prevention in the school setting?

The topic of health promotion and prevention in the school setting has received a lot of attention in the social epidemiological literature as well as the critical health pedagogical literature. Moreover, health practices and differences in health practices of children and young people have been examined in a sociological perspective focusing on the reproduction of social inequality in health. Although this dissertation does not aim to contribute to public health or health pedagogy or to the sociological literature on social inequality in health, I briefly present and discuss these streams of literatures. I focus on

what we can learn from them and elaborate on what I see as blind spots that make me ask a different question and choose a different theoretical and methodological approach.

2.1.1. Social epidemiological literature

A wide range of quantitative studies in social epidemiology investigate the relationship between schools and students' health behavior or health state, i.e., whether the school and factors at the school level can have an effect on student health (Maes and Lievens 2003, West, Sweeting et al. 2004, Johansen, Rasmussen et al. 2006, West 2006, Nybo Andersen, Johansen et al. 2007, Henderson, Ecob et al. 2008). Several studies find that there are in fact differences in the health behavior and health state of students across schools, also after control for the socioeconomic composition of the student body and individual characteristics of the students. The literature in this field thus argues that the school can have an independent effect on student health over and above the effects of student composition and characteristics (ibid.).

The main factors responsible for school effects on student health have also been investigated. Various factors at the organizational level, such as whether the school has a health policy, the gender composition of the teachers, school size etc. have been examined, but none of these factors appear to explain the difference. Instead, the variation across schools seems to be linked to differences in what is referred to as "school connectedness", "school culture", "school environment", "school climate" or "school ethos" (Due, Lynch et al. 2003, Rasmussen, Damsgaard et al. 2005, Thompson, Iachan et al. 2006, Bond, Butler et al. 2007).

All these terms cover an aggregated measure of students' self-assessment of social relations with peers, teachers and the school as an institution (ibid.). If a large proportion of the students feel connected to other students, their teachers and the school, it is considered an expression of a high level of school connectedness, which in turn is correlated with positive health behavior. Hence, school connectedness seems to be a concept that measures the quality of social relations at a school. The studies thereby draw a distinction between schools with good social environments (a high degree of connectedness) and schools with bad social environments (a low degree of connectedness or a high degree of school alienation) but without defining or elaborating on what characterizes good and bad social relations.

Although these studies indicate that social relations and social interactions have an effect on the health of schoolchildren, they do not explore why. The public health literature is thus primarily concerned with establishing whether some (possibly unknown) characteristics of a school affect student health but not with examining the underlying mechanisms of these effects. In other

words, they are not concerned with uncovering what goes on in the interaction between the students, their peers and their teachers in everyday school life. To understand what in fact happens in the encounter between students and the school, we therefore need to “open up the black box of the school”. We need to shift the focus from effects of aggregate school-related measures on student health to the process of interaction in schools. In other words, we need to focus on what happens between schoolchildren, their peers, their teachers and the school. In order to do so, I argue, we need to approach the empirical case of health promotion in the school with a set of theoretical tools that allow us to analyze and understand everyday interaction and individual agency in the process of interaction, in the context of health promotion and prevention policies. Moreover, we need methodological tools that allow us to study processes of interaction rather than effects on health state or health behavior.

2.1.2. Health pedagogical literature

Another string of literature that studies health promotion in the school setting is the critical health pedagogical literature. Like social epidemiology, this literature addresses student alienation, but instead of degree of alienation from/connectedness to the school, it focusses on alienation from health education and health understandings and health norms that are communicated through health education (Simovska 2004, Carlsson and Simovska 2012, Grabowski 2013, Simovska, Nordin et al. 2016).

The critical health pedagogical literature originates from a skepticism towards “the moralistic paradigm” in health education. Moralistic health education is based on a notion of health as the absence of disease and sees health problems as caused by individual lifestyles and choices (Jensen 1997). The aim of moralistic health education is thus to change and modify pupil behavior in accordance with the understanding of health as the absence of disease and caused by individual lifestyle choices. According to this literature, teachers in moralistic health education act as role models as well as communicators of knowledge, and medical and health professionals are used in the class setting to communicate proper health knowledge to the pupils. The success of moralistic health education is measured in terms of behavioral change among pupils, i.e., as pupil compliance with the communicated health knowledge (ibid.)

The critical health pedagogical literature criticizes this approach to health education for not taking WHO’s broad and positive health concept as a point of departure and for neglecting the pupils’ own ideas about the good and healthy life, which, it is argued, may alienate pupils from health education and more specifically from health norms and health understandings (Jensen 1997, Danielsen, Bruselius-Jensen et al. 2017). Studies show that if health education is to be successful, pupils must perceive the information communicated in

health education as meaningful from their own perspective. In other words, the health information and health norms have to be compatible with the pupils' lives and understandings (Grabowski 2013, Griebler, Rojatz et al. 2014, Danielsen, Bruselius-Jensen et al. 2017)

Some scholars in this field argue that to achieve this, health education should be based on a democratic approach that aims to develop pupils' action competences. Health should be understood as a broad and open concept encompassing absence of disease, lifestyle and wellbeing. Teachers should be knowledge consultants rather than communicators to facilitate a process where pupils are the active creators of health norms and values. In this perspective, health behavior is not just a result of the individuals' health knowledge but of their capacity and competences for action (Jensen 1997, Simovska 2004, Danielsen, Bruselius-Jensen et al. 2017)

Some scholars refer to this capacity as health literacy, i.e., that individuals possess the necessary reading and language skills to acquire health knowledge, communicative skills to interact with the health care system, and action competences that empower them to take control of their life and health. Variations in health behavior is thus, the literature argues, a result of varying degrees of health literacy. Some individuals lack the skills to live healthy lives, to acquire health knowledge and to translate this knowledge into action (Nutbeam 2000, Berkman, Davis et al. 2010, Berkman, Sheridan et al. 2011, Rowlands 2014, Isaacs 2018)

This critical health pedagogical literature focuses on how to design and implement health education, and on developing and evaluating health interventions in terms of whether pupils develop action competences and participate actively in the creation of health norms. In this sense, it shares its focus on outcome with social epidemiological studies. Social epidemiology is interested in outcome in terms of the state of health or health behavior of individuals (Maes and Lievens 2003, Thompson, Iachan et al. 2006, Bond, Butler et al. 2007) while the critical health pedagogical literature examines outcome in terms of action competences (by some scholars referred to as health literacy) (Jensen 1997, Carlsson and Simovska 2012, Isaacs 2018).

Health pedagogical studies are to some extent concerned with the mechanisms of alienation from health education in the teaching situation. Critical health pedagogical studies also examine how actors may have different understandings and ideas about the meaning of health but do not pay special attention to the process of meaning making in relation to health.

However, differences in the health practices of children and young people have been theorized and examined more in depth by scholars drawing on Bourdieu's concepts of capital, habitus and lifestyle. Although these studies do not explicitly focus on health promotion and prevention, I will briefly present

this perspective in the following section because studies in this field illustrate that health is not just about health but also about status.

2.1.3. Differences in health practices among children and young people

Scholars who are skeptical of the idea that health behavior is merely a result of rational individual choices have examined how health behavior is structured by the relative distribution of resources among individuals in society (Cockerham 2007, Jones and Williams 2017). Drawing on Bourdieu's theory on the relation between agents' positions in the social space, habitus and lifestyle, these studies uncover how health practices of children (as well as adults) are shaped by social position, understood as relative volume and composition of cultural, economic and social capital (Gatrell, Popay et al. 2004, Jensen, Larsen et al. 2007, Stephens 2008, Larsen 2009, Sæbø 2017). Health behavior is thus not seen as an expression of the free choice of the individual; rather, individuals are seen as having certain dispositions – habitus – that influence their health lifestyles (Jensen, Larsen et al. 2007, Kolind 2010, Sæbø 2017). Furthermore, this literature argues, still drawing on Bourdieu, that capital is transferred from generation to generation, reproducing patterns of health practices and inequalities across generations (Jensen, Larsen et al. 2007). The understanding of capital and habitus as something that is inherited or transferred leads these studies to focus on the family background of the child.

This literature provides important insights into the structures that cause and reproduce inequality and differences in health among individuals with different social positions and can help us understand that health is also related to the individual's position and status in society (Cockerham 2007, Jones and Williams 2017). Some studies include the school as institution, conceptualized as a field of struggles over defining the legitimate form of capital and as an institution that reproduces the existing distribution of capital (Akselvoll 2016). The focus on the school as an institution and location for reproduction of inequality structures does not extend to the policies of the state being carried out in the school in the encounter between policies, teachers and pupils.

2.1.4. A need to open up the black box of the school

The three strings of literature presented above offer three different perspectives on children, health and the school. However, there are still questions that need to be asked and answered in order to deepen our understanding of the encounter between health promotion and prevention policies, teachers and pupils.

First, we have to shift the focus from outcome to processes. We need to open up the black box of the school and look at what actually happens and how

we can understand the interactions between health policies, teachers, pupils and their peers within the context of the school. The social epidemiological literature is concerned with outcomes in terms of effects on student health and does not examine processes and mechanisms in these processes. The sociological literature on social position and health lifestyles is concerned with processes and mechanisms, i.e., the mechanism that reproduce social inequality in health and not the encounter between policies, teachers and pupils. The critical health pedagogical literature does focus on the process, more specifically the learning process. Since these studies fall within the field of pedagogy, they are centered on the teaching situation, and interaction between teachers and pupils is understood in terms of exactly these roles: the teacher as a pedagogical professional and the child as a pupil. However, teachers are not just professionals, they are also agents of the state. The school is a part of the state – of the street-level bureaucracy – and the interaction between teachers and children thus constitutes an encounter between a public institution (the school) and a citizen (the child). This implies a clear purpose of the interaction between teacher and pupil in the school system, and this purpose is defined by the policy, while the teacher is the street-level bureaucrat who carries out the policies of the state. We know from the literature on implementation and street-level bureaucracies that both teachers and pupils have agency in the encounter with public institutions and policies. Thus, we cannot expect teachers or pupils to comply 100% with the intentions of public health promotion and prevention policies, whether or not these are designed in a moralistic or in a critical and empowering fashion.

In the following, I present insights from the literature on encounters between citizens and professionals in street-level bureaucracies and discuss how this literature can help us understand health promotion and prevention.

2.2. Encounters between state and citizen

My aim in presenting the literature on state-citizen encounters is to outline how it can help us understand the encounter between health promotion, teachers and pupils in the Danish Public School. State-citizen encounters have been studied by two disciplines: public administration with focus on implementation and policy delivery in a street-level perspective, and the sociological literature with focus on power and identity formation in welfare encounters. The former generally has a top-down perspective on the relation between the policies of the state and street-level bureaucrats, the latter takes the bottom-up perspective of citizens as they interact with welfare professionals. I start by presenting the public administration literature and then move on to the literature of welfare encounters.

2.2.1. The street-level bureaucracy and the citizen

The importance of encounters between state and citizen has been emphasized in the literature on policy implementation and policy delivery. It is argued that these daily encounters between citizens and representatives of the state are where policies are “really” made, i.e., where policies become practice and influence the lives of citizens (Lipsky 1980, Goodsell 1981). As Lipsky wrote in his classic work from 1980:

Most citizens encounter government (if they encounter it at all) not through letters to congressmen or by attendance at school board meetings but through their teachers and their children’s teachers and through the policeman at the corner or in the patrol car. Each encounter of this kind represent an instance of policy delivery (Lipsky 1980, 3)

According to Lipsky, street-level bureaucrats play an essential role in policy implementation and policy delivery. He defined street-level bureaucrats as public service workers who interact directly with citizens in the course of their jobs and have substantial discretion in the execution of their work (ibid.). The term “street-level bureaucracies” denotes public institutions or organizations that employ a substantial number of street-level bureaucrats (ibid.).

In the street-level bureaucracy literature, discretion³ is seen as both necessary and desirable; the work tasks of frontline workers are often too complicated to make formal instructions for every possible situation, and tasks and decisions often require frontline workers to take into account the individual circumstances of the citizens standing in front of them. In other words, they have to respond to the human dimension of the situation and translate often abstract, general and vague policies into decisions about the specific situations and problems of citizens. The substantial discretion and relative autonomy of street-level bureaucrats implies that they have considerable influence on how public policy is carried out and how policies affect citizens (ibid., 13-14). Street-level bureaucrats like teachers, social workers and police officers are in fact the ones carrying out public policy, and as a result, they take on the role as policy makers and policy deliverers in everyday life. The everyday encounters between frontline workers and citizens are thus crucial in understanding policy delivery and policy implementation (Lipsky 1980, Goodsell 1981, Meyers, Glaser et al. 1998, Brehm and Gates 1999).

³ When I use the term discretion here (and elsewhere in the dissertation), I refer to it as a verb, that is the judgment making that street-level bureaucrats perform or in Hupe’s terminology “discretion as used” Hupe, P. (2013). "Dimensions of Discretion: Specifying the Object of Street-level Bureaucracy Research." *Der moderne Staat: Zeitschrift für Public Policy, Recht und Management* 6: 425–440..

The problematic character of these encounters has also been widely debated in the literature on street-level bureaucracies (Finer 1931, Weber 1978, Lipsky 1980, Goodsell 1981). Street-level bureaucrats are supposed to act according to the Weberian ideal of the bureaucrat, that is loyally carrying out the policy preferences of the elected, and acting based on rationality, expertise, formal rules and procedures ensuring equal treatment of all (Weber 1978). However, it is argued that street-level bureaucrats do not always act according to the Weberian ideal, but that their substantial discretion and autonomy allow them to pursue other goals and be influenced by other considerations.

Further, the literature on street-level bureaucrats demonstrates that work conditions are often characterized by resource scarcity, which means, for example, that frontline workers have limited time to fulfill job task, are constrained by budgetary restrictions, work under conditions of uncertainty and imperfect information, and that citizens are sometimes uncooperative and demanding. Street-level bureaucrats thus find themselves in a cross-pressure and develop coping strategies such as simplifying and routinizing their job task, limiting access to and demand for services, rationing services for example by creaming or controlling clients, consciously working to sabotage the goals of policies, or shirking etc. (Lipsky 1980, Brehm and Gates 1999, Tummers, Bekkers et al. 2015). These types of behavior result in problems in the implementation process since policies are not carried out as intended and cause legitimacy problems for the state and the policy process (ibid.). Part of the policy making carried out by street-level bureaucrats is thus the result of some of these coping strategies.

Other scholars suggest moving beyond the somewhat narrow focus of the street-level literature on policy making and coping to understand the specific mechanisms of encounters between policies, frontline workers and citizens, and the agency of both frontline workers and citizens (Maynard-Moody and Musheno 2000, Maynard-Moody and Musheno 2003, Dubois 2010, Brodtkin 2011, Harrits and Møller 2014). It is argued that street-level bureaucrats should not be reduced to agents implementing the policy preferences of others while being guided by self-interest. In other words, street-level bureaucrats are not merely *state agents*. They are also *human beings* with their own personal histories and social backgrounds. Maynard-Moody and Musheno describe street-level bureaucrats as being driven by two narratives: the *state-agent narrative* and the *citizen-agent narrative*. While the state-agent narrative is about law abidance, about applying the laws and rules of the state, the citizen-agent narrative is about cultural abidance. Frontline workers are thus not only concerned with policies, rules and administrative procedures but are also oriented towards their own values, beliefs and cultural judgments about worthy and unworthy citizens (Maynard-Moody and Musheno 2000,

Maynard-Moody and Musheno 2003). Similarly, Dubois writes about the *two bodies of the agent*. On the one hand, street-level bureaucrats are “merely the state’s incarnation”, but on the other hand, they are still “concrete individuals” (Dubois 2010, 73). Studies show that street-level bureaucrats are often driven by the citizen-agent narrative or acting as social agents, basing judgements in cultural outlooks, norms, personal preferences and beliefs rooted in their social background (Maynard-Moody and Musheno 2003, Dubois 2010, Soss, Fording et al. 2011, Epp 2014, Harrits and Møller 2014). Based on the literature on professionalism, other scholars have argued that frontline workers also operate within the context of professionalism (Ellis 2011, Ellis 2014, Harrits 2016, Harrits and Østergaard Møller 2016). Frontline workers are not only state-agents or citizen-agents but also professional agents.

Likewise, the street-level bureaucracy literature has been criticized for not fully recognizing that citizens also have agency (Mik-Meyer 2017, 64-65). The citizen perspective is often absent from street-level bureaucracy studies, as citizens are reduced to an entity pressuring the street-level bureaucrats in the same way as rules and procedures constitute pressure. Citizens are in other words perceived as workload (Lipsky 1980, Brehm and Gates 1999). In other cases, citizens are presented as individuals in an inferior position standing before the powerful bureaucrat and taking over her interpretations). However, citizens do not merely take on bureaucratic identities and interpret their situation in administrative terms (Dubois 2010). They bring something to the encounter; they negotiate the definition of their situation, their identities and try to influence the outcome of the encounter. Hence, there is a need to focus on citizen agency in public encounters.

Combined, these critiques point toward a need to deepen our understanding of the agency of street-level bureaucrats as well as citizens as they interact within the setting of state-citizen encounters. This also means that if we want to say something about what goes on in encounters, explain how encounters can actually be productive and enhance the quality of public policy and public service deliver, it is crucial that we shift the focus from the attitudes and work conditions of street-level bureaucrats to the encounter between frontline workers and citizens (Bartels 2013). Bartels argues that studies of the public encounter should increasingly examine the in-between frontline workers and citizens, that is, encounters as situated, relational performances (ibid). This requires sensitivity to the specific context of the encounter (encounters as situated). Although state-citizen encounters may share many similarities, they differ in many respects and cannot be fully understood without taking the particularities of the specific encounter into consideration.

Despite a strong call for increased focus on the citizen agency of frontline workers, the agency of citizens and the productive aspects of encounters and

in-betweens in the literature, few studies have taken up this challenge, and there are – to my knowledge - no studies of health prevention and promotion within this perspective. However, the study of encounters is more widespread in the sociological literature on welfare encounters. Here, focus has been on the interaction between citizens and welfare professionals, as well as on citizens' agency in this interaction. In the following section, I give a brief overview of this literature and its potential contribution to the study of health promotion in the encounter between policies, teachers and pupils.

2.2.2. The encounter between welfare subject and the welfare state

A range of sociological studies have examined the encounter between state (primarily the encounter between welfare institutions, e.g., social services) and citizens. While most of the literature presented in the previous section focuses on how street-level bureaucrats carry out decisions and the logics underlying their practice, this literature focuses on the citizens' experiences in interactions with welfare professional (Mik-Meyer 1999, Stax 2003, Mik-Meyer 2004, Carstens 2005, Järvinen 2014). Informed by the theoretical perspectives of for example Goffman, Foucault, Becker and Bourdieu, these studies examine the power relations and processes of identity formation that take place in welfare encounters. More specifically, the literature focusses on clientelization, i.e., the process where the citizen stops being an individual and takes on the role of client as prescribed by the institution (Goffman 1991, Järvinen, Elm Larsen et al. 2002, Järvinen and Mik-Meyer 2003, Gubrium and Järvinen 2014).

Several studies demonstrate the subtle execution of power in these encounters; how citizens are disciplined to understand themselves in a particular way and to take on the roles of the client specified by the welfare institution in question, for example alcoholic or drug user (Järvinen 2003, Järvinen 2014), homeless (Stax 2003), or long-term unemployed (Carstens 2005). Hence, this literature points to the inherent paradox in welfare encounters that the institutions with their intention to help and provide care for people end up trying to seize power over them (Mik-Meyer 1999, Järvinen 2003, Mik-Meyer 2004). The studies also take into account the agency of citizens and try to uncover the various strategies citizens employ to maneuver in the system and maintain some of their self-understanding (Goffman 1991, Järvinen 2003, Stax 2003).

The main focus in the literature is on encounters between the welfare state and socially marginalized people, such as alcoholics or drug users, in particular discipline, clientelization and stigmatization (Järvinen and Mik-Meyer 2003). Hence, it has not paid much attention to the encounter between state and citizen in the context of broader health promotion policies. Some studies

focus on health and identity work in relation to health (Mik-Meyer 2008, Mik-Meyer 2010, Mik-Meyer 2010), but they mainly focus on health efforts aimed at obese people or patients suffering from conditions which are considered less deserving, and thus revolve around questions of stigma and the stigmatized. The process of meaning making and identity formation in encounters between citizens and policies aimed at the wider population has not been theorized and examined to the same extent. Health promotion and prevention policies are directed at the “normal area”, as they target the wider population. Moreover, the encounter between child and school per se constitutes an encounter between the state and the wider population and not (only or primarily) the socially marginalized. The question remains what happens in the encounter between health promotion and prevention policies, teachers and pupils and how this process resembles and differs from encounters between welfare subjects and welfare professionals.

Even though the case of health promotion and prevention policies in the public school differs from welfare encounters, this literature still provides interesting theoretical and empirical insights as well as methodological approaches to the study of encounters between state and citizen. The studies focus on power and identity work in the interaction between welfare professionals and welfare subjects and often take the form of observational studies of the encounter or “the in-between” of state and citizen. Moreover, instead of focusing on public institutions (schools and teachers) simply transferring policies (specific forms of health knowledge and health behaviors) to citizens (pupils), as suggested by the public health and health pedagogical literature, the literature on welfare encounters demonstrates how the locus of encounters is to be found in the process of meaning making and identity formation. In other words, the literature on welfare encounter stress that we need to focus on how frontline workers and citizens constantly engage in the construction and reconstruction of the meaning of policies and identities. However, in this PhD project, the theoretical concepts, explanations and frames for understanding from the literature on welfare encounters need to be adjusted to the setting of health promotion and prevention in the Danish Public School system. They need to be translated from a context of the disciplining of the socially marginalized or stigmatized to a context of educating and civilizing “the normal citizens”. In the following, I briefly present a literature that does in fact focus on health promotion and prevention policies directed at the wider population that is a range of Foucault inspired studies, which examines health promotion and prevention policies as a form of discipline and biopolitics.

2.3. Health promotion and prevention as biopolitics and discipline

Several studies drawing on Foucault's work on biopolitics examine the state's attempt to govern and regulate the health of the population as a whole including the "normal population" and not just the socially marginalized (Foucault, Burchell et al. 1991, Bröckling, Krasmann et al. 2011, Karlsen and Villadsen 2017). Unlike the social epidemiological literature, which is also concerned with the population as a whole, these sociological studies do not focus on the outcome of state policies in terms of the population's health behavior or state of health but rather the dimensions of policies that concern identity formation (similar to the literature on welfare encounters). The focus is on how the state through health policies tries to shape citizens' identities, or more specifically how the state seeks to form the citizens as moldable, capable and compliant individuals. Health policies aim to optimize the health of the population by turning citizens into self-governing individuals. Studies in this field often examine how health policies are an expression of power execution, even though they may seem "free from power" (Wahlberg and Rose 2015, Karlsen and Villadsen 2016, Larsen 2017)

The literature presented here points to important and interesting insights regarding health policies of the state. These policies are not value neutral and free from power execution but rather expressions of the state's biopolitical project: to optimize the population and create capable and compliant individuals (ibid.). However, while these studies give us a better understanding of the health policies, aims and actions of the state, they say nothing about what happens in the encounter between policies, frontline workers and the citizen. To fully grasp what happens in the encounter between the biopolitical project of the state, the representatives of the state and the individual citizens, we must, I argue, look at the encounter itself and on how the project of the state is perceived and transformed in this encounter. This calls for a focus on the agency of frontline workers as well as citizens.

In the concluding part of this chapter, I clarify the dissertation's contribution by situating my project in relation to the literatures presented here, and by specifying how I shed light on "what we still don't know" about health promotion and prevention policies in the school.

2.4. The contribution of this dissertation

What do we know about health promotion in the school and what is it that we still don't know? The public health literature teaches us that the school environment may have an effect on students' health, and the health pedagogical

literature suggests that this effect may also be related to how teachers approach health promotion and prevention. However, the street-level bureaucracy literature and the welfare encounter literature indicate that the effects may be more related to what goes on in the encounters between policies, teachers and pupils. Seen in a street-level and encounter perspective, it is the “productive meeting” between policies, institutions and the agency of teachers and children that will help us understand the mechanisms of health promotion and prevention.

It is in this nexus between understanding the function of schools in health promotion and prevention and understanding the productive encounter between policies and the agency of teachers and children that this dissertation seeks to make a contribution. I am interested in what happens when a school implements health promotion policies, but unlike public health studies of health promotion in school settings, I am not interested in examining effects on the health of pupils. Nor am I interested in examining the outcome of health education in terms of learning goals like the critical health pedagogical literature.

Instead, I will focus on the encounter between health policies, teachers and pupils and contribute to the public administration literature on state-citizen encounters. More specifically, I am interested in what happens in the encounter between policies, teachers and pupils, and unlike many studies in this field, I choose to study the encounter itself instead of frontline workers’ attitudes (Bartels 2013)(for exceptions see for example Dubois 2010). Following Bartels, I aim to study encounters as situated, relational performances in the in-between of street-level bureaucrats and citizens. Inspired by the theoretical and methodological approach of the sociological literature on welfare encounters, I will further examine what happens in the encounter by focusing on the agency of both teachers and pupils.

The sociological literature on encounters, however, has mainly been occupied with the encounter between welfare institutions and socially marginalized citizens. By trying to translate and transfer some of the theoretical concepts from encounters in this context to health promotion aimed at all citizens in the school setting, I contribute to this literature by examining what may be distinctive in such “biopolitical” encounters. This brings me to the question of what health promotion in the school setting is a case of. What characterizes the encounter between health promotion policies, teachers and pupils in the Danish Public School? Even though health education as well as physical activity have been a part of the curriculum in the Danish Public School for ages, it has never been a core aim of the school. However, with the latest reform of the public school, daily physical activity has become mandatory, and the idea is

that physical activity should be incorporated in the school day and be restricted to physical education lessons (Act No. 665 of 20/06/14). In the public debate, many teachers have expressed the view that this demand is difficult to accommodate, and that their principal concern is teaching the pupils Math, Danish etc. and not being health-promoting agents. For the teachers in general, health is not a core element of their professional identity, and they do not understand themselves as health professionals. Moreover, the children do not come to school with a demand for health promotion. Unlike for example the encounter between the unemployed applying for social benefits and the social worker or the patient in need of treatment encountering the doctor, none of the agents in this encounter have a strong demand for health promotion. The question is then who really wants health promotion in the encounter between teachers and pupils?

I understand health promotion as a political wish to promote the good life. Health promotion (and prevention) is about “empowering” citizens to choose the good life or more precisely a specific version of the good life, which is defined by the state. Health promotion is thus a moral (and biopolitical) project of the state aimed at making citizens internalize the definition of the good and healthy life. However, in order to understand the logics of this project, we need to zoom in on the encounters and examine the processes of meaning making and identity formation and transformation in the interaction between policies, teachers and pupils.

The question is how we can understand what happens when schools and teachers carry out the moral project of the state in terms of health promotion – more specifically what happens in the encounter between health-promoting policies, teachers and pupils. In the next chapters, I build a theoretical and methodological framework with concepts and tools to enable me to examine this overall research question.

Chapter 3.

Theoretical framework

The ethnographer comes to a site with the sociological equivalent of the doctor's medicine bag of diagnostic tools derived from already-existing sociological theory and uses these tools to generate a specific explanation of the "symptoms" in the site (Duneier 2002, 1566).

This quote captures the role of theory in this research project very well. I am not testing theoretical claims with empirical observations, nor am I building a theory merely based on empirical observations. Instead, I approach the field with a toolbox of general theoretical concepts and explanations that I use to make sense of my empirical observations in the field (Duneier 2002, Wilson and Chaddha 2009). More specifically, I try to identify the mechanisms in my case with pre-existing theoretical concepts and perspectives as a point of departure.

This entails modifying, translating and combining theoretical concepts from different theoretical perspectives to be able to understand the encounter between state and citizen in the context of health promotion and prevention in two schools. The theoretical approach is thus neither strictly deductive nor strictly inductive but rather the result of an iterative process of going back and forth between pre-existing theory and empirical observations and learning both from the literature and my empirical observations. I present and discuss this abductive logic of inquiry further in the methodological chapter.

In this chapter, I start by building a general theoretical framework and argument on the meaning making and identification processes in the encounter between state and citizen. I draw on theoretical insights, concepts and explanations from the public administration literature on public encounters in street-level bureaucracies as well as the sociological literature on power and identification in welfare encounters. In the second part of the chapter, I ask the question: How does the identified mechanisms theoretically play out in the encounter between health promotion policies, teachers and pupils in the Danish Public School? To be able to explore what is going on in the context of this dissertation, I draw on theories from anthropology and sociology of childhood and education and sociology of health and illness. The second part of the chapter is thus a specification of the general theoretical framework and argument, which is necessary to grasp the encounter between health promotion policies, teachers and pupils within the Danish Public School.

The chapter ends by specifying the overall research question of the dissertation as well as three specific questions for analysis.

3.1. The general theoretical framework and argument

This part of the chapter outlines a general theory of meaning making and identity construction in state-citizen encounters. I start by discussing the nature of the encounter between state and citizen, before moving on to meaning making and identity formation in the encounter between state and citizen. Afterwards, I reflect on the agency of street-level bureaucrats and citizens in the encounter. This part of the chapter concludes by presenting an overall theoretical frame for understanding what happens in the encounter between state and citizen.

3.1.1. Theorizing encounters

As mentioned in chapter 2, the encounter between state and citizen can be grasped as an instance of policy delivery and policy making where policies become practice and influence citizens' lives (Lipsky 1980). In the encounter, policies are not just carried out; they are also transformed, as street-level bureaucrats use their discretion to make decisions that shape policies (*ibid.*). These transformations cannot merely be grasped as results of coping mechanisms such as rationing, routinizing and creaming as some scholars suggest (Lipsky 1980, Brehm and Gates 1999), but are also a product of a redefinition or re-interpretation of the meaning of policies (Maynard-Moody and Musheno 2003, Dubois 2010). This process of re-constructing the meaning of policies, which takes place in encounters, is not only a result of the actions of street-level bureaucrats but also of the interaction between street-level bureaucrats and citizens. Instead of understanding and studying the encounter between state and citizens as either the street-level bureaucrat's or the citizens' attitudes and actions, it should be viewed as a process of interaction between street-level bureaucrats and the citizens (Bartels 2013). Thus, encounters are situated and relational interactions where the meaning of policies is constructed and transformed and represent an instance of policy delivery, policy making and of "policy transformation" in the sense of re-constructing the meaning of policies.

In order to study the construction and re-construction of the meaning of policies in encounters, it is necessary to reflect upon the nature of encounters, *i.e.*, what characterizes the encounter between state and citizen. This encounter can be seen to denote the interaction of citizens and officials as they communicate to transact matters of mutual interest (Goodsell 1981, 3). Encounters are thus processes of interacting or, in other words, what happens "in-

between” the bureaucrat and the citizen (Bartels 2013). Encounters have a more or less clearly defined *purpose* (Goodsell 1981, 5). They are not accidental; the interaction has an aim, for example delivery of a service such as education, or control and constraint, for example arresting or imprisoning citizens (ibid.).

Later in this chapter, I will reflect upon the aim of the encounter between health promotion policies, teachers and pupils. In general, the purposes of the encounters are many and can vary quite a lot. Some encounters are *initiated* by the representatives of the state (a police officer stops a citizen in a car for speeding), while others are initiated by the citizen (a citizen applying for social benefits). In the case of health promotion in the Danish Public School, the initiator of the encounter is less clear, a point I will return to in the second part of the chapter. Encounters also differ with respect to *duration*. Some encounters last only few minutes (for example a police officer stopping the driver of a car for a routine check), while others last years. The encounter between child and school belongs to the latter category. Encounters also vary in *intensity*. Some people may encounter their doctor every three years for a routine check, while others live in a state institution like a prison, a mental hospital etc. The physical *settings* where encounters take place also vary considerably from streets to private homes, offices or institutions of the state, etc. (ibid.). Finally, encounters are subject to varying degrees of formal *regulation*, which influences the discretion making of street-level bureaucrats (Lipsky 1980).

Encounters also share features. They are generally characterized by “*structural inequality*” (Dubois 2010, 47). Although bureaucrat and citizen are to some extent dependent on each other, there is a power imbalance in the interaction. Street-level bureaucrats have bureaucratic or organizational power, i.e., the legal power vested in them by the state and the organization (ibid.), as well as professional or occupational power, which is a result of the professional knowledge and expertise that citizens do not have. In comparison, citizens can be typically seen as private individuals standing alone before the sovereign state (Goodsell 1981, 5). However, they still have power to pursue their interests, and the agency of citizens in the encounters is an important dimension, which will be discussed later in this chapter.

Encounters are often presented as situations where people (bureaucrat and citizen) play specific, pre-defined roles (ibid.), for instance, social worker and client, teacher and student, doctor and patient, etc. The roles are therefore often defined by the professional or bureaucratic context (or both) in which the encounter takes place. However, it is important to recognize the dynamic and complex character of the construction and assignment of roles and identities in the encounter. Roles and identities are constructed and transformed in the encounter, in the interaction between frontline workers and citizens,

and these roles do not only originate from the bureaucratic or professional context, which I will elaborate on below.

3.1.2. Identity and identity making in the encounter between state and citizen

Whatever else organizations do, they do identification (Jenkins 2014, 173).

Encounters are not only sites for actualization of policies and public service delivery. As argued in the previous chapter, encounters are where the meaning of policies are transformed. This also involves the construction and transformation of identities and roles. As the quote above states, the encounter between the individual and an organization, e.g., the street-level bureaucracy, will always involve identification. Identifying the members and non-members of the organization as well as their place or position in it is a key function of organizations (Jenkins 2014, 172-186). It is a fundamental trait of encounters between policies, frontline workers, and citizens that they produce and reproduce individual as well as collective identities (Gubrium and Holstein 2001, Gubrium and Järvinen 2014, Jenkins 2014). Public encounters are thus situations or sites where roles and identities are constructed, negotiated, assigned and reinforced (*ibid.*). In this dissertation, I conceptualize identity as a product of the individual's interaction with the social world. Identity is not something fixed or firm that the individual brings along into the social world, but rather something that is continuously established in the encounter with the world. Hence, identification is a social process and a result of a dialectic process between the (internal) self-identification of the individual and the (external) categorization of the individual by the surroundings (Mead and Morris 1934, Berger and Luckmann 2004, Jenkins 2014).

The identification aspect of encounters between state and citizen has been theorized and studied from different perspectives. In the following, I present the public policy/public administration literature, which focuses on policy encounters – or encounters between welfare policy programs and welfare subjects. Afterwards, I turn to the sociological literature on identity formation in the encounter between individual and institution.

In public policy and public administration literature, identity formation is regarded and studied as a “side product” of policy implementation and delivery. Identity formation is not viewed as a core aim but as a somewhat unintended though still important outcome of the interaction between citizens and the street-level bureaucracy (Soss 1999, Yanow 2003, Soss 2005). Scholars argue that policies are not only the result of a democratic process and reflect democratic norms in society. Policies also become inputs to the democratic

process because citizens' encounters with policies are processes where they learn how to be participating citizens (Soss 1999, Soss 2005). Encounters thus constitute instances of *political learning*:

From mundane encounters at the post office to the more total experience of prison life, public bureaucracies should be studied as sites of political learning (Soss 1999, 376)

Policies divide citizens into different categories and specify who is entitled to which services, that is, who is treated how, when and why. At the same time, these policy categories encompass *identity stories* and ideas about the deservingness and worthiness of the particular category of citizens (Schneider and Ingram 1993, Schneider 1993, Yanow 2003, Schneider and Ingram 2005, Ingram 2010). When citizens encounter policy programs, they learn about government, they form opinions about government, and they learn about their own position and status in society and in relation to the state. Encounters thus become lessons in citizenship, which influence the feeling of political efficacy and motivation for political participation among citizens (Soss 1999, Soss 2005, Campbell 2010, Hochschild 2010). In this perspective, the encounter between public policies and citizens is seen as influencing what citizens learn about government and about government's expectation to them as citizens. Citizens respond to policies, they form perceptions of their civic role, their citizen identity based on encounters with policies (Soss 1999, Soss 2005, Epp 2014). This literature illustrates how policies construct groups of citizens and how citizens' experiences with government are influenced by the policy category they are assigned to. Citizens' experience of encounters with policy programs shape their understanding of their own civic role and identity as a citizen, but this seen as an unintended outcome of the public encounter.

In comparison, the sociological literature on encounters between the individual and institutions places identity formation at the core of the encounter. Identity formation is not seen merely as a side product but as the purpose of encounters. Studies in this field focus on *clientization*, i.e., the process where citizens adopt to the identities of the welfare institution. In *Asylums* (Goffman 1991), Goffman explores what happens in the encounter between the individual and the *total institution*. Individuals who enter the total institution are subjected to mortifying experiences such as restriction of free movement, confiscation of personal items and clothes, communal living etc. These degrading experiences are intended to *profane* the former self, to erase the individual identity. The individual is deprived the possibility of playing other roles than those defined by the institution. Hence, the individual must leave his or her "civil identities" behind and assume the role of "patient", "prisoner", "soldier" etc. Goffman denotes this process the "mortification of the self" (ibid. 136-

140). The individual gradually adjusts to the role as less worthy patient or prisoner. Goffman uses the term “moral career” to describe the development in how individuals relate to their new role (ibid., 119).

Even though most state-citizen encounters are not between an individual and a *total institution*, Goffman has inspired a tradition to study the encounter between welfare institutions and citizens seeking help. Like Goffman, these scholars focus on the process where individuals stop being unique individuals and assume the identities and roles of the welfare institution (Järvinen, Elm Larsen et al. 2002, Järvinen, Elm Larsen et al. 2002, Järvinen and Mik-Meyer 2003, Gubrium and Järvinen 2014, Mik-Meyer and Villadsen 2014). Citizens come to welfare institutions with vague and personalized problems. In order for the institution to “deal” with these citizens, the citizens’ problems have to be translated into the “language” of the institution. The citizen and his or her troublesome situation has to be constructed so that the welfare institution and the welfare professionals can understand and respond to the citizen (Järvinen 2003, Gubrium 2014). In other words, the citizens must fit the categories of the institution. With the terminology of Gubrium and Holstein, institutional settings always have a set of available “identity types” – a sort of narratives – that are constructed and promoted within the institution. These recognizable identities are used to understand and explain the lives and life-conditions that lead to problems, to a troubled identity (Gubrium and Holstein 2001). When citizens enter the institutional setting, the institution frames their individual lives in terms of the different troubled identities or problem identities; in other words, they categorize the individuals into the roles of the institution. The citizen must present him- or herself in accordance with a recognizable and available identity within the institution in order to be “understandable” and “serviceable” for the institution (ibid.).

This approach is quite similar to the literature on policy categories, policy programs and political learning. In order to receive social benefits, medical treatment, etc., citizens must fit into a policy category or institutional category. However, in the encounter between individual and welfare institution, the goal is not only to categorize the citizen but also to make the citizen accept this definition of his or her institutional identity (Gubrium and Holstein 2001, Järvinen and Mik-Meyer 2003, Gubrium and Järvinen 2014). The process where the citizen stops being an individual with personalized troubles and takes on the role prescribed by the institution is referred to as clientization (Järvinen and Mik-Meyer 2003, Gubrium and Järvinen 2014). Like the process of “mortification of the self”, clientization is not a neutral process: Institutional identities contain moral judgements about the character of the individual (ibid.).

The theoretical perspectives presented above suggest that encounters constitute important processes of identity formation. Policies as well as institutions construct identities that citizens assume. However, it is important to remember that citizens are not passive individuals who willingly take on the identities assigned to them by a policy or an institution. Citizens have agency. Likewise, frontline workers are not “just” implementers of policies or representatives of an institution. In the following sections, I discuss the agency of street-level bureaucrats and citizens.

3.1.3. Agency in public encounters

Before turning to the question of how to conceptualize and understand the agency of frontline workers as well as citizens in state-citizen encounters, I will briefly discuss the concept of agency. Agency refers to the capacity of individuals to act and is typically considered an inherent aspect of being human:

To be a human being is to be a purposive agent, who both has reasons for his or her activities and is able, if asked, to elaborate discursively upon those reasons (Giddens 1991, 3)

The structure-agency debate, that is, whether human behavior is shaped by underlying and powerful societal structures or is a result of the individual’s independent choices, has been ongoing within the social sciences. Building on the work of Giddens, Sewell and others, I regard human behavior as a product of the dynamic relationship between structure and agency – the duality of structure (Giddens 1991, Sewell 1992, Emirbayer and Mische 1998, Maynard-Moody and Musheno 2012). The human capacity to act does not exist in isolation from structure; instead, social structures form and give meaning to agency. The autonomy of the individual is certainly influenced by structures; however, structures are also reproduced and modified through the execution of agency (*ibid.*). Structures do not merely constrain agency, they also enable agency. They enable agents to act. Structure and agency thus presuppose each other.

Agency cannot exist absent structures, just as structures become lifeless without agency (Maynard-Moody and Musheno 2012, 519)

What does this concept of agency bring to the study of encounters? In the encounter, there are rules, resources and roles, e.g., social worker, doctor, client, patient, that structure the behavior of street-level bureaucrats as well as citizens. Legal rules, professional procedures and rules for everyday interaction shape the behavior of the agents in the encounter as do resources in the form

of knowledge and power. Rules, roles and resources thus constrain the behavior of street-level bureaucrats and citizens but they also enable their action. Agents in the encounter draw on the structures of the encounter when they act, and they reproduce, modify and transform the rules and roles of the encounter. Agency is not a property of individuals but is rooted in the structures of the particular situation or context. Agency is relational; it is exercised in the interaction between agents in a given context (ibid.). The agency of street-level bureaucrats and citizens is negotiated in the context of the particular public encounter and policy context.

As mentioned, the encounter is characterized by the “structural inequality of the administrative relationship” (Dubois 2010), meaning that there is an imbalanced power relation between the representatives of the state (the frontline workers) and the citizen caused by the bureaucratic and professional knowledge, power and status they have in the situation of the encounter. Agency is thus also shaped by the position and status of the individuals, that is by the different roles and resources the individuals can draw on in the encounter. In the following, I will examine the agency of frontline workers and citizens; that is, what constrains and enables their actions in the encounter.

State-agents, citizen agents and professional agents: the three bodies of frontline workers

How can we conceptualize and understand the agency of street-level bureaucrats? Street-level bureaucrats are agents of the state. They are bureaucrats who implement policies of the state and who are oriented towards political goals and administrative rules. The bureaucratic context thus provides the street-level bureaucrats with rules and resources that both constrain and enable their practice. However, scholars have argued that street-level bureaucrats are not merely *state-agents*:

When case managers approach clients, they do so as more than just ambivalent representatives of the “business model”. They are more than just agents of the state and more than just organizational actors. Their conflicted mentalities, and strategies they use to govern, are equally rooted in social identities that come from outside the welfare system. When case managers arrive at work, they do not check their personal histories and social statuses at the door (Soss, Fording et al. 2011, 234)

As the quote states, frontline workers are also *human beings* who carry with them their own personal histories and social background.

As mentioned in chapter 2, Maynard-Moody and Musheno describe street-level bureaucrats as being driven by two narratives: the *state-agent narrative* and the *citizen-agent narrative* (Maynard-Moody and Musheno

2000, Maynard-Moody and Musheno 2003). The state-agent narrative is about law abidance, about applying the laws and rules of the state; the citizen-agent narrative is about cultural abidance. Frontline workers are thus not only concerned with policies, rules and administrative procedures; they are also oriented towards their own values, beliefs and cultural judgments about who is worthy and unworthy (ibid.). These two narratives are separate but co-existing. In some cases, the two narratives coincide; in other instances, they are conflicting. In the latter case, frontline workers feel that rules and procedures do not coincide with their perception of what is right and fair and may then base their discretionary decision on subjective considerations rather than administrative procedures.

Similarly, Dubois writes about the *two bodies of the agent*, i.e., street-level bureaucrats as “merely the state’s incarnation” but still “concrete individuals”:

The individual who plays the role of the bureaucrat also carries a personal background, socially constituted dispositions that cannot help but surface in one way or another during the confrontation with the public (Dubois 2010, 73-74)

We cannot understand how frontline workers make sense of their work and citizens, and how they carry out their job tasks by only viewing them as state-agents. Encounters between street-level bureaucrats and citizens take place not only in a bureaucratic context but also in a social context involving everyday negotiations of meaning and identity. Frontline workers are citizen-agents or social agents as well as state-agents.

In addition to political and organizational structures and resources, socio-cultural schemas also constrain and enable the actions of frontline workers. Studies show that street-level bureaucrats are often driven by the citizen-agent narrative or act as social agents, basing their discretion making in personal preferences and beliefs rooted in their social background (Maynard-Moody and Musheno 2000, Maynard-Moody and Musheno 2003, Bundgaard and Gulløv 2006, Dubois 2010, Epp 2014, Harrits and Møller 2014). This is inevitable but also constitutes a possibility for social bias in the street-level bureaucracy:

Person-based judgments are inevitable in casework, and they play a pivotal role in efforts to ensure that procedural regularities do not preclude humane responses to individual cases (Jewell 2007). At the same time, however, they provide an entry point for social biases (Soss, Fording et al. 2011, 33)

The social bias occurs when some citizens are favored or discriminated against based on the frontline worker’s personal judgments of their worthiness, which, as mentioned, has been viewed as problematic for equality, equity and the legitimacy of the state (Finer 1931, Weber 1978, Lipsky 1980)

Taking the literature on professionalism as a point of departure, other scholars have argued that frontline workers also operate within the context of professionalism. Frontline workers are not only state-agents or citizen-agents, but also professional agents. They have professional knowledge and expertise as well as norms and procedures that drive their behavior (Hupe and Hill 2007, Ellis 2011, Ellis 2014, Harrits 2016). In other words, frontline workers' agency is also enabled and constrained by professional institutions, knowledge and norms.

To understand the agency of frontline workers, we have to consider that they are not only state-agents working within the bureaucratic context; they are also professional agents maneuvering in the professional context as well as citizen-agents or social-agents oriented towards the social context. When the meaning of policies and the identities and roles in the encounter between policies, frontline workers and citizens are constructed, frontline workers will draw on rules and resources from these co-existing contexts. Analyses of encounters between policies and frontline workers thus have to examine how transformations can occur based on each of these contexts.

Powerless or powerful: the agency of citizens

I have previously described the encounter between state and citizen as a characterized by an imbalanced power structure (Dubois 2010, 47). Frontline workers have both bureaucratic and professional power, which creates a power imbalance between them and citizens. Moreover, frontline workers may have "social power" rooted in the "disadvantaged character" of citizens' identities (ibid.). However, even though the administrative relation is characterized by power asymmetry, citizens are not powerless. Citizens are enabled as well as constrained by the context of the encounter. As Jenkins expresses it, individuals always have resources, but they vary depending on their position and the situation:

Individuals will have access to differing resources, in differing degrees and in differing combinations ... Individuals deploy different resources meaningful to the context in which they exercise power (Jenkins 2013, 153).

In public encounters, citizen behavior is constrained and enabled by the resources, rules and roles structuring the encounter. As mentioned, resources and roles can be rooted in the bureaucratic, the professional or the social context. Like frontline workers, citizens do not check their personal history and status at the door of the public institution before encountering the frontline worker. Citizens are not necessarily only holders of a "disadvantaged" or "un-

deserving” identity. They can also be deserving and advantaged. This can enable the agency of citizens. Citizens are thus not completely powerless but agents who can engage in various strategies in order to maneuver in the encounter. They can rebel against the frontline worker, they can adapt to the world of the institution or they can “convert”, that is, start to identify with the norms and ideals of the public institutions (Goffman 1991). Agency is not always creative and constructive; it can also be destructive, for instance if citizens engage in self-destructive behavior or harm others (Hoggett 2001, Greener 2002, Mik-Meyer 2017).

3.1.5. A general theory on meaning making and identity formation in the encounter between policies, street-level bureaucrats and citizens

Encounters between state and citizen are important; not just because they constitute instances of policy delivery, but also because the meaning of policies and citizens’ identities are being constructed and re-interpreted in these encounters. The construction of meaning and identities is a part of policy implementation and delivery and must be included when we study encounters. Further, encounters cannot be understood without taking the character of frontline workers’ and citizens’ agency into account. Frontline workers act simultaneously as state-agents, citizen-agents and professional agents and continuously draw on different narratives (contexts). All these aspects of frontline workers’ agency are important and at play when they interpret policies and citizens. Finally, rather than simply assuming the identities of the institution, citizens also engage in the construction of meaning and identities in the encounter and have different strategies to maneuver in interactions with the state.

Based on this theoretical understanding of state-citizen encounters as a process of meaning and identity making and transformation where both frontline workers and citizens exercise agency, I outline two questions that I see as essential for examining and understanding public encounters:

1. How is the meaning of policies constructed and transformed in the encounter between policies, frontline workers and citizens?
2. How are problem identities constructed and transformed in the encounter between policies, frontline workers and citizens?

These questions allow us to grasp what goes on in the encounter between policies, frontline workers and citizens by making us focus on how meaning of policies is constructed and re-constructed, how the identities are formed and transformed and how the agency of frontline workers and citizens manifest itself in the interaction.

Until now, I have theorized on the encounter between policies, street-level bureaucrats and citizens in general. In the following, I specify the theoretical framework and research questions that guide my case study of the encounter between health promotion policies, teachers and pupils in the Danish Public School.

3.2. Encounters in context: the specified theoretical framework and argument

In the introduction to the dissertation, I stressed the importance of studying encounters as relational and situated interactions. This entails that encounters be studied as a part of the social context where they unfold. This calls for a theoretical toolbox that enables me to take the context of the encounter between health promotion and prevention policies, teachers and children into consideration.

I start by discussing how the encounter between child and school differs from welfare encounters. In order to build a theoretical framework that enables me to make sense of this specific encounter, I draw on theories and insights from educational anthropology and sociology as well as anthropology and sociology of childhood. I combine these theoretical perspectives on child institutions with the literature on encounters presented above to specify the particularities of this encounter. Afterwards, I look at the characteristics of health promotion and prevention policies, and of the encounter between health promotion policies, teachers and pupils in the school. Finally, I present the theoretical framework of the dissertation, my research questions, and how I intend to answer them (my analytical strategies in the analytical chapters).

3.2.1. What is special about the encounter between child and school?

The encounter between the child and the Danish Public School (“Folkeskolen”⁴) constitutes an encounter between state and citizen that both resembles and differs from other state-citizen encounters. I argue that the encounter between child and school has three main characteristics that makes it distinct from welfare encounters: 1) The aim of the school is to *civilize* rather than *clientize* the citizen. 2) The encounter between the child and the school is relatively *extensive* in terms of duration and intensity but does not entail a segregation of the *institutional and private sphere*. 3) Finally, the school is not just

⁴ The Danish Public School – the “Folkeskole” – is a comprehensive school, which consists of one year of pre-school and nine years of primary and lower secondary education.

an encounter between a street-level bureaucrat and a citizen but also an encounter *between citizens*. In the following, I elaborate on these aspects.

Civilizing rather than clientizing

The aim of the encounter between the child and the Danish Public School is defined by the state and is twofold. First, the school is to provide the pupils with skills and expertise to prepare them for further education and employment. In other words, this encounter is an instance of a public service delivery, namely education:

§1. (1) The Folkeskole is, in cooperation with the parents, to provide students with the knowledge and skills that will prepare them for further education and training and instill in them the desire to learn more (Act No. 1510 of 14/12/2017)

Children thus come to school to gain knowledge and learn a range of skills, which are defined by the state, more precisely the Ministry of Education.

The second purpose is to prepare the children to be democratic participating citizens in the Danish society:

(3) The Folkeskole is to prepare the students to be able to participate, demonstrate mutual responsibility and understand their rights and duties in a free and democratic society. The daily activities of the school must, therefore, be conducted in a spirit of intellectual freedom, equality and democracy (Act No. 1510 of 14/12/2017)

The purpose of the encounter between the school and the child is thus not only to deliver education but also to “make citizens”. The encounter with the school is supposed to constitute lessons in various subjects such as Danish and Math, as well as “identity lessons” in citizenship (Gilliam 2009, Gilliam, Gulløv et al. 2012). Similar to the encounters between welfare subjects and welfare institutions in the literature on welfare encounters, forming the identities of citizens is a core aim of the encounter between the citizen and the school. However, identity lessons in schools differ from what goes on in welfare institutions such as rehabilitation institutions, social services etc. Welfare institutions, generally speaking, serve the function of processing socially marginalized citizens (helping, treating and/or normalizing them). As presented in the first part of the chapter, individual citizens come to welfare institutions with their vague and personal troubles that need to be turned into manageable problems for the welfare institutions. In other words, the citizens need to be given a “diagnosis”, a problem identity to make them understandable and recognizable in the perspective of the welfare institution and welfare professionals (Gubrium

and Holstein 2001, Järvinen and Mik-Meyer 2003, Gubrium and Järvinen 2014).

The school is not exclusively an institution for the socially marginalized and troubled citizens. The Danish Public School is an institution for the people. It is for the wide population, or more precisely the younger part of the wider population. Children do not come to the school with troubles that need to be turned into problems. They do not come with a “disadvantaged character” – at least not necessarily. The encounter between the child and the school is thus not about negotiating and assigning a problem identity. However, children still come to school to become someone. The aim of the encounter is still to make the children take on the role of the institution, but this institutional identity is not a problem identity, but the institutional role of the pupil. The pupil is the first public role of the child; it is in other words the “child version” of the civilized citizen (Gilliam, Gulløv et al. 2012). The encounter between child and school thus serves a civilizing function, shaping the children as civilized individuals. In the encounter with the school, children should learn and internalize the norms and ideals of society and become civilized members of the democratic society (Berger and Luckmann 2004, Gilliam, Gulløv et al. 2012).

Civilizing refers to the *social practices* by which the school tries to make the children conform to a civilized ideal (Elias 1994). The school establishes norms for appropriate behavior and sanctions inappropriate behavior and thereby seeks to change children’s behavior in accordance with what would be decent and appropriate behavior in the given context.

Civilizing also refers to the *process* whereby the children modify their behavior to civilized behavior, that is, internalize the social demands of the school. Inherent in the social practice and process of civilizing children is a set of visions, norms and ideals on how a civilized person (child) behaves. These norms and standards are not value neutral. They reflect the relations of dominance that are a result of power struggles in society. In other words, some groups in society succeed in establishing their definition of “the civilized” to the extent that these ideas and norms become institutionalized (Elias 1994). The ideal of the civilized child is hence negotiable and changeable over time following the power struggles in society. This also entails that civilizing involves a power aspect in more than one sense. The idea of “the civilized” is a result of power relations, and the process of civilizing children involves execution of power. The school disciplines children to become compliant and capable individuals by making them internalize the social demands of the school (Foucault 1994, Foucault 2010). This execution of power takes the form of a productive power that encourages and produces behavior and behavioral change (ibid.).

The school serves an integrating function in society. By educating children, the school prepares them for further education and employment, that is, for participation in the functionally differentiated society. By civilizing children, the school creates citizens who share a collective civilized identity and understanding of the social world (Gilliam, Gulløv et al. 2012).

The school and other child institutions constitute one of the first encounters citizens have with the state and it is extensive in terms of duration and intensity, which I discuss in the following section.

An extensive encounter overlapping with the private sphere

The school as an institution shares some similarities with the total institution, which Goffman defined as follows:

A total institution may be defined as a place of residence and work where a large number of like-situated individuals, cut off from the wider society for an appreciable period of time, together lead an enclosed, formally administered round of life (Goffman 1991, 11).

Children spend a considerable part of their waking hours from age 6 to 16 at school (1st through 9th/10th grade). The school day is divided into time slots and the children's lives are thus time regulated and administered by the institution. Most children experience this regulation as deprivation of their freedom and autonomy, and they often feel that encounters with teachers are being forced on them. When asked, most children will answer that going to school is "something you have to do". In other words, it is a civic duty. The child's first civic duty. Even though most children acknowledge that they also go to school for their own sake, they do not experience the encounter as something they have initiated, but as a duty.

Many children experience their lives within the institution as governed by rules that take away some of their freedom and autonomy like the total institution. However, the school differs from the total institution and from many welfare encounters in that children are not deprived of their civil identities when they enter the school. The aim of the encounter is, as mentioned, that children take on the role of pupils and become civilized, but other identities and roles are still legitimately present in the encounter. Children are not just pupils. Their other identities are also relevant and articulated in the encounter both by teachers and children. Likewise, the other identities of teachers are also legitimate and present in the encounter. As mentioned in the first part of this chapter, frontline workers never "check their personal histories and backgrounds at the door" when they come to work (Soss, Fording et al. 2011), but for teachers bringing their personal histories and backgrounds to work is not

only inevitable, but seen as desirable. It is perceived as an important aspect of their professional identity. Teachers are professionals who interact with the same citizens (their pupils) almost every day for several years. The interaction and relation between teachers and pupils may thus acquire a more personalized meaning for both. Scholars have suggested that professionals like teachers who work within human or welfare service and interact frequently and over long periods with citizens are characterized by a “hybrid professionalism” (Harrits 2016). The professional logic that characterizes teachers is a combination of a formal knowledge-based logic of *professionalism* and a personal and emotional logic of *family and civil society* (Thornton, Ocasio et al. 2012, Skelcher and Smith 2015, Currie and Spyridonidis 2016, Harrits 2016). In another terminology, the professional-agent and the citizen-agent or social-agent merge. A part of teachers’ self-understanding as professionals is that they are human beings who create strong relations to the pupils, and when they talk about how they understand themselves as professionals, they often refer to who they are as persons (Harrits 2016, Harrits and Østergaard Møller 2016)

The distinction between “state” and “citizen”, “public” and “private” sphere becomes blurred in the encounter between teachers and children. In other words, the public encounter becomes personalized. Teachers are concerned with their pupils’ lives as a whole, not just their lives within the institution of the school. They are not only concerned with the pupil, but with the child and its private sphere.

The blending of public and private encounters in the school also stems from the fact that the encounter between child and school is not only an encounter between a citizen and a representative of the state, but also an encounter between citizens who interact with each other every day for years. In the following, I elaborate on this aspect of the encounter between child and school.

An encounter between citizens

Rather than interacting with one or few citizens at a time, frontline workers in schools interact with a classroom full of pupils from various socioeconomic and ethnic backgrounds. The school is thus also an encounter between citizens. When pupils and teachers interact, it is not an interaction between two parties. Meaning and identities are constructed and negotiated between many individuals. As mentioned, the aim of the school is to civilize the children and turn them into pupils; that is, make them a part of the social community of the school based on a set of shared norms and values (Berger and Luckmann 2004, 169-187). Teachers carry out this project and have professional, bureaucratic as well as social power because of their social position as adults. However, in addition to the community and hierarchy of the school, the school or

the school class is a social microcosm where children interact and form their own groups, hierarchies, norms and values, which sometimes conflict with those of the school (Gilliam 2009, Gilliam, Gulløv et al. 2012).

Some children and groups of children form “counter-identities” to the pupil identity, to the ideal of the civilized child (Willis 1977, Gilliam 2009). Counter-identities (for example “the troublemaker”) are a response to the civilizing effort of the school. Children who do not feel they can live up to the civilized ideal of the school may seek recognition, status and feeling of belonging in alternative communities in opposition to the school. In other words, they may try to turn their stigmatized position in the perspective of the school into status among their peers (ibid.).

The civilizing effort of the school can thus function as a disintegrating process by excluding or stigmatizing certain groups and individuals who do not live up to the norms for civilized behavior, which again reflect the powerful position of some groups in society (Elias 1994, Bourdieu 1996). The intention to integrate the “marginalized” in the social community by forming them according to the civilized ideal of the community may actually end up excluding these children through subtle distinction processes in the institutional practice (Willis 1977, Gilliam 2009).

In this section of the chapter, I have argued that three main characteristics of the school as an encounter distinguish it from many other state-citizen encounters, in particular welfare encounters: 1) the civilizing rather than clientizing function of the encounter; 2) the extensiveness and the personalized character of the encounter; and 3) it is an encounter between citizens. These aspects make the school as an encounter (in general) special. In the following, I discuss what is distinct about health promotion and prevention policies in general and how we can use these theoretical insights to understand the specific encounter between health promotion, teachers and pupils.

3.2.2. What is special about health promotion and prevention policies?

In the literature and among practitioners, health promotion and prevention are sometimes presented as opposite (Kickbusch 1986, Parish 1995, Iversen 2002, Macdonald 2002) Prevention policies are based on the biomedical definition of health as “the absence of disease” (ibid.). They focus on risk minimization and on regulating individuals’ health behavior through prohibition and directions. In comparison, health promotion is based on a broad and positive definition of health as “a complete state of physical, mental and social well-being”. It is not about preventing illness but about empowering individuals to

live healthy and good lives. It does not focus on minimizing risks but on promoting individual action competences to empower citizens to lead healthy lives (ibid.).

Whether health promotion and prevention policies are in fact opposites or actually resemble each other when it comes to the tools of governance has been discussed in the literature (Vallgård 2005). I will not go into this debate. Nor will I distinguish explicitly between health promotion and prevention policies, but instead treat teachers' and pupils' encounter with them in general. The reason is that, at least in this empirical setting, health promotion and prevention strategies are combined and intermingled within specific policies and interventions. However, the distinction between health as a broad and positive concept as opposed to health as risk minimizing will be discussed in the analytical chapter 6 since these two discourses co-exist in the policy documents.

What is special about health promotion and prevention policies? They aim to promote the good and healthy life and prevent illness, impede health problems from occurring and optimize the health of the population as a whole (Foucault 2010). Moreover, it is about empowering citizens to choose the good and healthy life as defined by the state, namely life without (or with limited) risk behavior (Vallgård 2005). The aim of health promotion and prevention policies is thus also to form compliant and capable individuals who strive to live the good and moral life as defined by the state (Foucault 2010). Health promotion and prevention policies thus constitute a moral project of the state.

While many policies are aimed at solving or accommodating a problem, health promotion and prevention policies are aimed at preventing problems from occurring in the first place as well as promoting the healthy and good life. The encounter between the citizen and health promotion and prevention policies thus differs from many encounters especially welfare encounters because of the prospective character of the problem the policies are addressing. In other words, there is no existing problem that the state and its representatives are handling. The individuals that street-level bureaucrats face in public encounters do not have specific, current health problems. Instead, policies are aimed at improving the general health state of the wide population and avoiding future health problems in the wide population.

3.2.3. What is special about the encounter between health promotion policies, teachers and pupils?

Following the discussions of the specifics of the school and health promotion, we can identify some characteristics of the encounter between health promotion policies, teachers and pupils. First, as a moral project of the state and a prospective project not directed at concrete and individual problems, health promotion becomes intertwined with the civilizing project of the state. Health

promotion in schools is not (just) about communicating health knowledge to the pupils, that is, delivery of education. It is also about forming the pupils as capable and compliant individuals. It is a civilizing project.

Second, health promotion is carried out in an encounter characterized by extensive interactions between teachers and children and overlaps between the professional/public and the private sphere. The civilizing project of health promotion thus takes place in a personalized public encounter where the civil identities of both teachers and pupils are at play.

Third, health promotion is carried out in an encounter between teachers and pupils as well as in an encounter between citizens, a context that contains health norms, values and hierarchies parallel to those of the school.

The final characteristic of the encounter concerns the initiation of the encounter. Most state-citizen encounters are initiated by the citizen (for example a welfare client applying for social benefits or a student enrolling in school) or the street-level bureaucrat (for example a police officer stopping a citizen on the street or a teacher calling a student to the office). However, who initiates health promotion in the encounter between the teachers and the pupils? In other words, who really wants health promotion in the school?

These characteristics are further emphasized by the ways in which health promotion is introduced in the Danish Public School. Health education and health initiatives in the public school system are an important element in Danish health promotion policy – as well as in many other countries – and health education has been on the curriculum for many years. However, it is not a core task of the school. The question is how health promotion fits into the core tasks of educating and civilizing the children. For some teachers, health education is already part of the subject they teach, for example physical education or biology. However, as previously mentioned, the latest reform of the Danish Public School made it mandatory to incorporate daily physical activity in the school day, not just physical education lessons (Act No. 665 20/06/14). In principle, all teachers are responsible for implementing physical activity in their teaching. Likewise, health and sexual education and family studies is a mandatory topic from 0th through 9th grade, but it is an hour less subject. An hour less subject (in Danish “et timeløst fag”) means that the subject does not have its own course on the school timetable, but is supposed to be incorporated into other courses. The teaching of health and sexual education and family studies should be handled by one or more teachers during other courses and is in principle not restricted to specific subjects (Act No. 1510 of 14/12/2017). All teachers are thus required to act as health promoting agents, but this is not necessarily (or likely) a core part of the teachers’ understanding of their professional role. They have not asked for this role or task in their daily

interaction with citizens. Likewise, children do not (necessarily) have a strong demand for health promotion services when they come to school.

How does this theoretical understanding help us approach the empirical study of the encounters between health promotion, teachers and pupils? In the following, I present a specified theoretical framework and a set of questions to guide the empirical studies and analyses.

3.2.4. A specified theory on meaning making and identity formation in the encounter between health promotion policies, teachers and pupils

In the general theory of state-citizen encounters outlined earlier in the chapter, I argued for focusing on the construction and transformation of meaning and identities in the encounter, and for concentrating on the agency of front-line workers as well as citizens in this process. In this section, I adapt these focus points by taking the distinct aspects of this encounter presented above into consideration.

The meaning of health policies

The first important theme is how the meaning of policies is transformed in the encounter. In this case, the construction and transformation of the meaning of policies becomes a question of the construction and transformation of the meaning of health and health promotion. How can we understand the meaning of health and health promotion in the context of the school? As mentioned, health promotion and prevention in the school is not initiated by either teacher or pupils. Health promotion is not a part of teachers' core professionalism, and the state does not specify how teachers are supposed to act as its health-promoting agents. Which narrative or context do teachers draw on when they interpret the meaning of health and health promotion policies? Are they acting as state-agents, professional-agents or citizen-agents? What about the children? Which resources and roles do they draw on when (re-)constructing the meaning of health?

From problem identities to risk identities

The second important theme is the transformation of identities. A distinct feature of the encounter between health promotion and prevention policies, teachers and pupils is the potential or prospective character of health promotion and prevention policies. The literature on welfare encounters examines the process of clientizing where troubled citizens encounter the state and take on problem identities. In this dissertation, I examine an encounter, which does not revolve around the process of turning vague present troubles of the

individuals into manageable problems. Instead, this encounter is about “something that could potentially develop into a health problem”. It is about turning vague signs of troubles into risks. I call these prototypes of identities “risk identities” (rather than problem identities) since they center around “a potential problem” – a risk. I use the term non-risk identities to denote the identities, which are constructed as healthy and unproblematic. The term health identities is used, in this dissertation, as a term covering both risk and non-risk identities.

The question in the case of this dissertation is not how troubles are turned into problems, but how signs of troubles are turned into risks. What then constitutes a risk? Which signs of troubles constitute a risk for the different actors in the empirical setting? Who is at risk? How are risk identities constructed and transformed among the actors in the school setting? These are the questions I set out to explore.

The negotiation and performance of risk and non-risk identities

The encounter between child and school is also an encounter between children, and they orient themselves in relation to the school’s as well as their peers’ health norms and values. What happens when the school and the teachers give the pupils identity lessons in health is thus not just a question of what goes on in the interaction between teacher and child, but also contingent on what goes on between pupils. How do pupils’ health norms and values compare to those of the school? Which norms, values and roles do children draw on when they negotiate and perform risk and non-risk identities?

The focus of the dissertation

In this dissertation, I focus on two themes: the construction and transformation of the meaning of health and health promotion in the encounter between policies, teachers and pupils, and the construction and transformation of risk identities. Exploration of the second theme involves two dimensions: the construction and transformation of identities on a discursive level (how are risk identities as categories formed and how are children made to fit these categories?) and on an interactionist level (how risk and non-risk identities are enacted in the interaction between teachers, pupils and their peers). I thus set out to examine three questions:

1. How is the meaning of health and health promotion constructed and transformed in the encounter between health promotion policies, teachers and pupils?
2. How are risk identities as categories constructed and transformed in the encounter between health promotion policies, teachers and pupils?

3. How are risk and non-risk identities constructed, negotiated and performed in the interaction between teachers, pupils and their peers?

I will focus on the agency of children and teachers and examine which resources, roles and rules they draw on to construct, negotiate and transform meaning and identities.

3.2.5. The three analyses

The theoretical framework presented in this chapter informed my data generation. These are the thoughts I brought with me to the field and developed during my fieldwork in an iterative process of going back and forth between empirical observations and theory. The three research questions are thus informed by theory, by what I observed in the field and what I found interesting and puzzling in my data.

To answer the questions, I chose to conduct three analyses, each employing a distinct analytical strategy. I did not choose the analytical strategies before entering the field. Instead, I chose them as I was looking for a way to systematically examine and answer the research questions. Each analysis addresses one research question and sheds light on the encounter between health promotion and prevention policies, teachers and pupils. The analyses all examine the same process – the encounter – but employing different analytical tools allows me to capture different aspects of the encounter.

Chapter 6 sets out to answer the question: How is the meaning of health and health promotion constructed and transformed in the encounter between health promotion policies, teachers and pupils? I use discourse analysis to uncover the meaning the different actors in the empirical setting ascribe to the concept of health.

Chapter 7 focuses on the question: How are risk identities constructed and transformed in the encounter between health promotion policies, teachers and pupils? This categorization analysis uncovers the principles for inclusion and exclusion from the risk category and examines the underlying logic of the categorization process.

Chapter 8 examines the third question: How are risk and non-risk identities constructed, negotiated and performed in the interaction between teachers, pupils and their peers? I draw on symbolic interactionist analysis to examine the agency of teachers and pupils as they negotiate and perform identity in the interaction.

The analytical strategies are presented in more detail in the analytical chapters in the empirical part of the dissertation. Before the analyses, chapter 4 presents and discusses the methodological framework of the dissertation.

Chapter 4.

Methodological framework

In this chapter, I present the methodological framework of the dissertation and discuss the methodological considerations I have had during the research process. The chapter consists of seven parts. First, I introduce the methodological underpinnings and the approach of the study. The second part presents the overall research design and set-up, and the third section presents the case selection process and methodological considerations in this process. The fourth section explains and discusses the data generation process and the various methods and techniques employed to generate data. The fifth part outlines how the data was initially processed, and the sixth section discusses the robustness and trustworthiness of the analysis. The chapter concludes with some reflections on the ethical challenges and implications of this research project.

4.1. Methodology and approach

Before starting to construct a research design, it is helpful to reflect on the character of the subject of study and research question of the project. What am I studying, and which kind of knowledge claims am I interested in making? Which kind of approach must I take to be able to examine my research question and how can I evaluate my knowledge claims? In the following, I discuss these questions. I start by discussing the “reality status” and “know-ability” of the subject of study (constructivist ontology and interpretive epistemology) and explain why I have chosen an ethnographic approach. Finally, I present the standards for evaluating interpretive ethnographic work.

4.1.1. What is the subject of study and how can I study it?

As explained in the previous chapters, this project examines how health and risk identities are constructed and performed in the encounter between policy, teachers and pupils in the Danish Public School. This entails that the subject of study of this dissertation is the social process of meaning making between people. The object of my research is thus a socially constructed phenomenon: the social process of constructing the meaning of health and risk identities. Viewing health as a socially constructed phenomenon does not involve stating that it is impossible to gain knowledge about “what is healthy”. Instead, it entails that this dissertation is not concerned with establishing which qualities characterize a healthy person, but with the meaning the actors in this setting

ascribe to health and to healthy and not healthy persons. This includes that I am not searching for one objective reality. Instead, I am interested in uncovering how multiple subjective realities are formed among the actors in the field. I focus on how the actors perceive and experience health and how this meaning is constructed in the interaction between individuals in a particular social setting (Geertz 1974, Geertz 1993). The dissertation thus takes a constructivist ontological and interpretive epistemological perspective (Ybema 2009, Schwartz-Shea and Yanow 2012, Yanow 2014, 7-9). Conducting interpretive research entails acknowledging that there is “no comfortable distant position from which the world can be analyzed” (Lykke 2011, 4-6). Scholars are not “faceless, bodiless and contextless knowers” who can detach themselves from the social world and the social relations they are studying (ibid.) They are human beings with personal characteristics and histories (Gans 1968, Ybema 2009, 9, Schwartz-Shea and Yanow 2012, 66-68); they are part of the social world they study and not objective units studying and depicting a clearly demarcated and detached object. Researchers are situated within the social webs of meaning and must take their own situatedness or positionality into account when conducting research and making knowledge claims (Gans 1968, Haraway 1988, Ybema 2009, Schwartz-Shea and Yanow 2012). The knowledge a researcher produces will always be a “partial view” dependent on the positionality of the researcher. Acknowledging the positionality of the researcher and therefore also that research is not a completely objective and neutral depiction of the world does not mean abandoning criteria for evaluating and judging the quality of research (ibid.). I will present and discuss the research criteria that I draw on in this dissertation, but first I turn to the approach and logic of inquiry of the project.

4.1.2. Ethnography and the abductive logic of inquiry

This dissertation takes the form of an interpretivist ethnographic study. The term ethnography denotes studies with a specific *topic*, i.e. studies about groups of people and their ways of living, a specific type of *writing* about people and their social worlds (Ybema 2009, 5), and a specific set of *methods* (observational studies in the natural environments of people) (ibid., 6). In all three uses of the term, sensitivity to context is central, i.e., situating and understanding meaning in its context through thick descriptions (Malinowski 1922, Geertz 1974, Geertz 1993). This dissertation seeks to understand how health and risk identities are constructed and transformed in the interaction between policies, teachers and pupils. I am thus interested in studying meaning making in context, and ethnography allows me to have a sensitivity to the context in terms of “what I study” (topic), “how I study it” (methods) and “how

I write about it” (writing). This sensitivity, or in Pader’s terminology “ethnographic sensibility” (Pader 2014), combines awareness of details (the tone of the teacher’s voice, the pupil speaking without having raised her hand etc.) with orientation towards the meanings of these details in this particular context (is the teacher being ironic? Is the pupil challenging the teacher by speaking without raising her hand?).

As most interpretive ethnographic studies, I follow an abductive logic of inquiry. Both deductive and inductive reasoning follows a linear logic: the research progresses through a series of predetermined steps. Deduction outlines a theory, a rule or a hypothesis, tests it with empirical observation and either demonstrates or falsifies its plausibility. A deductive approach thus deduces from the universal to the specific in order to produce testable hypotheses and then confronts these hypotheses with data. Induction starts with the collection of empirical observations and then infers or suggests a universal rule based on the empirical observations. Induction thus induces the universal from the specific (Peirce 1997, Tavory and Timmermans 2014, 4-5).

Abductive reasoning is an iterative process. It follows a circular or spiral pattern moving back and forth between theory and empirical observations (Schwartz-Shea and Yanow 2012, 26-34). Abduction starts with an observation (the consequences) and then constructs a possible explanation or reason (Peirce 1997, Tavory and Timmermans 2014, 35-49). When researchers follow an abductive reasoning, they start with a puzzle, a surprising observation or a tension, which they seek to explain by looking at other empirical observations or theories (Schwartz-Shea and Yanow 2012, 28-30). Or in other words:

Abduction is the form of reasoning through which we perceive an observation as related to other observations, either in the sense that there is an unknown cause and effect hidden from view or in the sense that the phenomenon is similar to other phenomena already experienced and explained (Tavory and Timmermans 2014, 37)

Whereas deduction and induction from the beginning seek to either deduce from the universal or induce to the universal, abduction remains grounded in the specific (Schwartz-Shea and Yanow 2012, 28). Researchers draw on other observations, studies, and scientific literatures from other settings but with the intention of making sense of what is happening in the specific setting or case. Following an abductive reasoning allows the researcher to be flexible and open to surprises and observations during fieldwork. The researcher can pursue interesting findings and adjust the research to the empirical setting. Interpretive ethnographic studies aim to learn about social contexts, and an abductive line of reasoning allows the researcher to be informed by the things he or she experiences in the field. An abductive approach takes into account that

ethnographies are iterative processes going back and forth between fieldwork (observations), deskwork (theory and analysis) and text work (writing and making knowledge claims) (ibid., 7).

In this PhD project, I initially focused on social inequality in health among schoolchildren and the reproduction of structures causing these inequalities. This focus or interest was based on empirical observations as well as previous studies. Equipped with theoretical concepts and pre-understandings, I went into the field and generated data. I went back to my desk, started processing the data and my focus shifted from the reproduction of social inequality in health to the agency of children and teachers in the encounter between health policies, teachers and children. I explored more literatures, adjusted my focus and went back to the field. I did more deskwork and developed an analytical focus and strategy that required me to collect additional data in the form of policy documents, which I did while doing deskwork as well as text work. This description of my PhD journey illustrates that this research project was indeed a messy process, which did not follow a linear progression. Instead, I went back and forth between fieldwork, deskwork and text work. Presenting a research process based on abductive reasoning can be quite challenging. In this chapter, I focus on my decision that led to the final methodological framework. It may give the impression of a straightforward and pre-determined process, but this was not the case.

4.1.3. Research criteria in interpretative research

The question of how to define research criteria in interpretive research has been widely discussed, and many different concepts touching upon the same aspects have been put forward (Lincoln and Guba 1985, Lincoln 1995, Miles, Huberman et al. 2014, Schwartz-Shea 2014). In this dissertation, I follow Maxwell's claim that validity is not inherent to a method or a procedure in itself (Maxwell 2012, 127-148). Rather, the validity of an account needs to be assessed in relation to the phenomenon it is supposed to be an account of. In other words:

Validity thus pertains to the accounts or conclusions reached by using a particular method in a particular context for a particular purpose, not the method itself (Maxwell 2012, 130).

Maxwell distinguishes between descriptive, interpretive and theoretical validity. Descriptive validity concerns the factual accuracy of the account, i.e., whether the researcher's account is descriptively accurate; is the dialogue between the teacher and the pupil noted down correctly or is it distorted, are actions or words left out of the account etc.? Descriptive validity can be either primary or secondary. Primary descriptive validity concerns the descriptive

validity of what the researcher reports having seen or heard. Secondary descriptive validity concerns the validity of accounts of things that could in principle be observed but were in fact inferred from other data (for example what happened in the classroom when the researcher was not present) (ibid., 134-137). Interpretive validity concerns the validity of the researcher's interpretations of the participants' "meanings," that is, of their beliefs, evaluations, cognitions, affects etc. In other words, phenomena that are not physical and therefore not directly observable, but need to be inferred or interpreted on the basis of the participants' words and actions (ibid., 137-139). Theoretical validity refers to the account's validity as a theory of some phenomenon. This entails the validity of how theoretical concepts and categories are applied to the empirical phenomenon being studied and the validity of the relationship between the concepts and categories that the researcher proposes (ibid., 139-141).

In addition to the three categories of validity, Maxwell discusses generalizability, i.e., the extent to which an account of a particular situation or population can be extended to other persons, times, or settings than those directly studied. We distinguish between internal generalizability (within the setting) and external generalizability (to other settings) (ibid., 141-143). In this dissertation, internal generalizability it could be from the interactions I observed in the school classes to other interactions in the classes or to other classes at the school, and external generalizability could be to other schools similar to the ones in the study.

In the following, I explain research design, case selection, as well as data generation and processing. I will also explain how I attempted to enhance the validity of my accounts. At the end of the chapter, I discuss the overall robustness of the analysis and findings, including possibilities and limitations with regard to generalization.

4.2. Overall research design

As mentioned, I am interested in studying the construction (and transformation) of health and risk identities in the encounter between policies, teachers and pupils. This requires that I capture the perspective of policies, teachers, and pupils – and especially the encounter or interaction between the actors and their perspectives. To generate such different types of data on different levels, I used triangulation of data generation methods to secure the multidimensionality of the data that the research question requires (Schwartz-Shea and Yanow 2012, 88, Schwartz-Shea 2014, 134). The aim was not to validate findings by showing convergence between findings from the different sources but by capturing the multiple perspectives, potential contradictions

and the complexity of the case (Mathison 1988). I will present and discuss the different methods for data generation in detail later in this chapter. For now, I will just give an overview of the data generation methods and sources in the table below:

Table 4.1: Data generation methods and sources

	Data generation method	Sources
Policy level	Collection of policy documents from official websites on health promotion, prevention and health education including	The Danish Ministry of Education The Danish Health Authority The Municipality of Aarhus Retsinformation School boards
Teacher level	Semi-structured interviews Focus group interviews	Semi-structured interviews with five teachers from “Sønderskolen” Semi-structured interviews with two teachers from “Vesterskolen” One focus group interview with four teachers from “Sønderskolen” One focus group interview with three teachers from “Vesterskolen”
Pupil level	Focus group interviews	Eight focus group interviews with three-four pupils in each group at “Sønderskolen” Seven focus group interviews with three-four pupils at “Vesterskolen”
Interaction level	Participant observation	Three months of participant observation at “Sønderskolen” Three months of participant observation at “Vesterskolen”

As the table shows, I generated data at two schools: Sønderskolen and Vesterskolen.⁵ In the following section, I discuss how I selected the schools and school classes for the study.

⁵ The names of the schools have been changed in order to secure the anonymity of the teachers and the pupils in the study. Likewise, the names of pupils and teachers have also been changed.

4.3. Case selection

Health promotion and prevention policies aim at preventing health problems from occurring and promoting the “good life” among children. They are thus – as a starting point – targeted at the wide population of “all children,” although “some children” are described as a “particular target group” in the policies (this will be analyzed and discussed in chapter 6). As I was interested in examining how these policies played out in a setting that included the wide population of “all children” as well as the more specific population of “some children,” I selected a typical Danish public school setting with a diverse pupil composition. My intention was to study encounters without a clearly defined health problem that needed to be handled, but where it could be expected that the meaning of health, healthy and unhealthy was subject to negotiation. Of course, this choice of schools has implications for the external generalizability of the findings, which will be discussed in more detail in the analytical part of the dissertation. However, from the outset it was not my intention to generalize to the wider population of all schools, but to understand the specific case of the encounter between health policies, teachers and pupils in a mainstream school context.

My original idea was to compare two schools using a most similar systems design logic (Seawright and Gerring 2008, Gerring 2017). I wanted to compare schools that were similar in many respects, but differed with regard to their school health policy framework to be able to examine the meaning of institutional or organizational policies for the encounters between pupils and teachers. With the assistance of the municipal authorities, I selected two schools for my study: Sønderskolen, with a strong focus on health and health initiatives, and Vesterskolen, without a strong focus on or special attention to health and health initiatives. However, during my fieldwork, it quickly became apparent that the presence of health initiatives was very limited in everyday school life at both schools. This was in itself an interesting finding, but it also made me change focus from comparing institutions to comparing encounters across institutions and school classes. This illustrates the flexibility of an abductive logic of inquiry: letting the empirical findings inform the research focus.

Both schools are situated in the municipality of Aarhus. The Danish Public School is the responsibility of the municipality (Act No. 1510 of 14/12/2017, §2), which means that the two schools are subject to the same overall policy framework. Both schools are about the same size, have 600-700 pupils, are situated in “mixed neighborhoods,” and the pupil composition is characterized by a high degree of socioeconomic and ethnic diversity (around 20 percent “bilingual children,” i.e., children whose first language is not Danish).

They are hence comparable in many aspects. The largest difference is that Sønderskolen is situated in an old suburb of Aarhus near the city center and very close to other public schools as well as a couple of private schools. Vesterskolen is situated in one of the “new suburbs of Aarhus,” that is, an area that used to be a small town but has become part of Aarhus with the expansion of the city. Vesterskolen is close to one other public school but not very close to any private schools. The schools are similar in pupil composition, size and policy and administrative framework, but vary with respect to their urban/rural location.

At both schools, I conducted my research in two school classes in the same cohort namely the 6th/7th grade. This age group was chosen as the focus of the study out of more reason. First, as children grow older, social relations with people outside the family become increasingly important (Frith 1984), and during adolescence, bonds with peers constitute important social relations for the pupils, in some cases more important than the relationship with their parents. Hence, it is likely that social relations outside the family will have a greater significance during adolescence than in earlier childhood. Moreover, the teenage years are also associated with risky behavior (ibid.), and risky health behavior can be constructed as problematic by teachers (and pupils) or be normalized with reference to adolescence. I visited the two classes the first time when they were finishing the 6th grade or starting the 7th grade and the second time in the last half year of 7th grade. The pupils in this study are hence young teenagers between 12 and 14 years old. In general, the classes were representative of the socioeconomic and ethnic composition of the pupils in the school. Chapter 5 provides a more detailed description of the school classes based on the empirical material.

As mentioned, I received help from the Municipality of Aarhus to select and approach the two schools. There were benefits as well as potential challenges associated with this strategy. Being associated with the municipality gave me legitimacy and access, but I also risked being associated with public authorities and control. However, none of the teachers seemed to associate me with the municipality, and they were all very welcoming when I first arrived.

4.4. Data generation

As mentioned, this project is based on different types of data, which was generated in different rounds. In the first round, I generated data by doing participant observation and conducting focus group interviews with the pupils. In the second round, I combined participant observation with semi-structured interviews and focus groups with teachers. Before starting each round of data generation, I made a data sequencing (see appendix) in order to plan and steer

the process, of course still allowing for flexibility and adjustments. Finally, in the third round of data generation, I collected policy documents on health promotion and prevention policies aimed at children and teenagers from relevant public authorities. All the different types of data contributed to shedding light on the research question. In the following, I discuss data generation, my considerations and challenges during the process in more detail.

4.4.1. “Being there”: fieldwork and participant observation

Since I am interested in how the health identities of pupils are constructed in everyday interactions, I chose an ethnographic approach comprising fieldwork. Doing fieldwork allowed me to be present at the schools and observe the phenomenon I was interested in where it unfolded (Bernard 2011, Jerolmack and Khan 2014, Spradley 2016). It allowed me to study encounters as relational and situated performances (Bartels 2013), and I avoided the attitudinal fallacy of inferring behavior from the expressed attitudes of participants (Jerolmack and Khan 2014).

Fieldwork differs from many other methods used in social science since the researcher is not constructing and managing the research situation. Instead, the researcher becomes a part of an existing site and has to establish a relationship with the members of the field because this relationship is not structured by the research situation as it would be if the researcher were conducting interviews (Bernard 2011). Doing fieldwork thus entails entering an empirical site (the field) that pre-exists the research situation, becoming a member (of some kind) of the field and establishing a relationship with the members of this field (Gans 1968, 63-96, Hammersley and Atkinson 2007). Doing fieldwork thus also involves the researcher subjecting herself to the situation of the people she is studying (Goffman 1989). In other words, fieldwork in ethnographic research entails that the researcher observes what the people in the field do as well as the researcher experiencing for herself how it is to be part of the social situations in the field (Goffman 1989, Emerson, Fretz et al. 2011, 2-5)

The researcher can take on different roles during fieldwork. The researcher can be a complete participant, become member of a group without letting the other members know that she is in fact conducting research; or she can be a complete observer who follows people around and observes without interacting (Gold 1958). Finally, the researcher can take the role as a participant observer, which involves taking part in all or some activities in the social setting she is studying while also observing and taking notes (Gold 1958, Krogstrup and Kristiansen 2015, Spradley 2016). Not all roles are available or desirable when you enter a field. This will depend on the field, the subject of

study as well as your personal characteristics (Gans 1968, 73-96, Hammersley and Atkinson 2007).

It was not possible for me to be, and nor did I want to be a complete observer, since this would possibly make the study of interactions between the pupils, and conducting interviews with pupils somewhat distant and difficult. I thus took the role of a participating observer, with varying degrees of participation. Participant observation involves immersing yourself in a culture and learning to remove yourself every day from that immersion so you can intellectualize what you have seen or heard. Participant observation turns fieldworkers into instruments of data generation and data analysis (Bernard 2011).

During fieldwork, the researcher studies an object in its natural environment, but the presence of the researcher will inevitably spoil the naturalness of the site (Bernard 2011). In most cases, it will provoke reactions by the members of the field, but as they get used to the researcher, their reactivity decreases (ibid.). That is why ethnographers have traditionally stressed the point of “going to the field and staying there”, which means spending a considerable amount of time in the field. I therefore tried to expose myself as much as possible to the social setting of the schools. In total, I spent around six months in the field. During these six months, I “went to school” three to four days of the five-day school week for the entire or major part of the school day (8-15:20). At the beginning, the pupils and teachers made comments about my presence, but I quickly became a part of the scene, and when I left the schools, both teachers and pupils expressed that they had gotten so used to my presence that it would be weird not having me around anymore.

Entering the field: participant observation, positionality and establishing rapport

When I entered the field, I had to establish a relationship with the members of the field. I wanted to establish as many relationships as possible to capture the multiple perspectives of the actors and to enhance the internal generalizability of the project. Personal characteristics matter when a researcher gains access to the field and establishes rapports with field members (Gans 1968, Hammersley and Atkinson 2007), and as in all other interactions, doing participant observations involves doing impression management (Goffman 1989). The researcher has an interest in the participants perceiving her as someone who can be trusted, who is part of the group and someone you can talk with. Thus, the researcher must try to present herself in a way that makes the actors in the setting interested in talking in front of and with her.

Following this logic, I thought a lot about how to act and present myself in the field. The most important thing for me was that I appeared “believable” or

“authentic” to both children and teachers. In other words, I wanted to present a “consistent role” (Goffman 1990) across the different relations I needed to enter into. I was aware of a possible trade-off between establishing a relationship with the teachers and the pupils. I am an adult (29 years old at the beginning of the fieldwork) and a mother, and therefore I was more like the teachers in the eyes of both teachers and pupils. However, it was really important to me that pupils would not perceive me as one of the teachers – as an authority figure who wanted them to give me the “right answers” and behave in a certain way (Gilliam 2009). I could not behave completely like a 13-year-old, though, because I suspected that this would lead both pupils and teachers to perceive me as “un-authentic”. Instead, I tried to play the role of a young adult without having or claiming the authority of a teacher.

I applied several different strategies to achieve this. First, I focused on establishing a relationship with the pupils before establishing a relationship to the teachers. I kept away from the teachers’ staff room in the beginning of my fieldwork and stayed with the children during recess. During class, I always sat among the pupils, participating in pupil activities and trying to avoid taking on a role as a teacher (Højlund 2002, Gulløv and Højlund 2003, Gilliam 2009). I also thought about my clothing and tried to wear an outfit that would not be considered inappropriate for my age but that did not make me look older or more professional (Bettie 2014). I usually wore jeans, a t-shirt and All Star Converse shoes. Although I was 29 at the beginning of the fieldwork, I probably looked younger, and I blended in quite easily among the pupils. I was actually mistaken for a pupil just as often as I was mistaken for a teacher or a substitute teacher. My age and my young appearance definitely made it easier for me to establish a relationship with the pupils in general.

It was more challenging for me to develop a relation with the different groups of pupils. Some children were extremely eager to talk to me, while others kept their distance. Being a woman was probably of significance in this regard. Many of the girls immediately approached me, asked me about my clothes, whether I had a boyfriend etc. In other words, it was easy for me to become a part of “girl talk”. In contrast, many of the boys ignored my presence at the beginning. To establish a connection with these boys, I started asking them if I could go with them to the nearby supermarket or be part of their soccer game. At the beginning they laughed a bit, but they always said yes and they quickly warmed up to me. One of the crucial moments for establishing a rapport with a group of boys in one of the classes was when they found out that I knew Blink 182, Sum 41 and Nirvana from my own teenage years. We suddenly had something in common that we could have a conversation about, and something we were all genuinely interested in, which gave me the oppor-

tunity to become a part of their group. With some of the ethnic minority children who were second-generation immigrants, my Italian last name provided me with an entry point. Since my father is Italian, some of these children thought of me as one of them (the child of an immigrant). Regarding some of the shyer children – both boys and girls – the focus groups provided me with an opportunity to connect to them, because we talked in smaller groups. However, when discussing and evaluating the findings of this dissertation it is important to take into account “the partiality of view” of the analysis. Despite my struggles, I only succeeded partially in establishing a relation to all children, and the stories of some groups of children will therefore be disproportionately represented in the data. I will discuss the implications for the multiplicity of the data and the internal generalizability of this study in more detail in the section on the robustness of the analysis.

In the establishment of a relationship to the teachers, I considered the possible barriers and distance less of a problem. I thus thought of myself as not being a potential authority in the relation with teachers in the same ways as in the relation to the pupils. However, I still imagined that some of the teachers might find my presence intimidating since having someone observe your teaching could be perceived as a form of surveillance. I was also worried that some of the teachers might feel threatened by my educational background (being a PhD student) and institutional affiliation (the Department of Political Science). Hence, I tried to appear humble and be curious about their work. I explicitly stated that I was not evaluating their ability to teach, but that I was interested in the pupils. I also found out that framing myself as a sociologist instead of a political scientist had a good effect. Looking relatively young was probably also an advantage, because it made me appear more like a student and less threatening. It also enabled me to “be naïve” without seeming stupid. The point is that a research doing fieldwork is never just a researcher (a political scientist or a PhD student). I was also a young woman, a mother of two small children, a person who used to listen to Blink 182 etc., and all these roles were just as important or probably more important in the relationship and interaction with the members of the field. Overall, I achieved a good relationship to pupils and teachers at both schools, with the caveats mentioned above, and thus established the foundation for strong and useful observations and valid interviews. The fact that they got used to my presence (cf. above) supports this conclusion.

Writing field notes

Writing good field notes is an essential part of doing participant observation. It is especially important to strengthen the accuracy of notes describing observations in order to secure descriptive validity. However, descriptive validity is

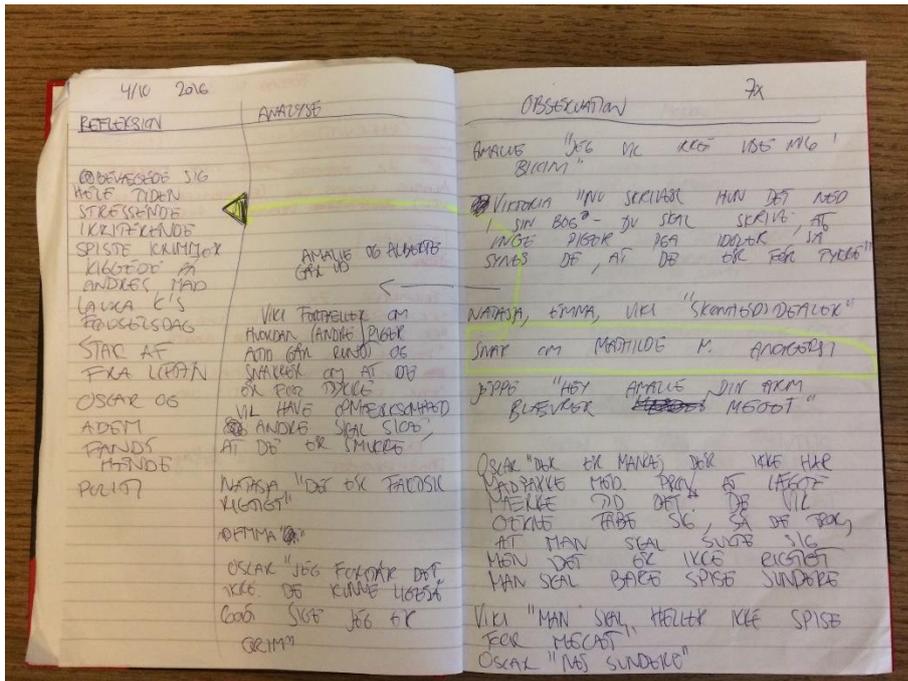
also about choosing the relevant observations to capture in sufficient detail (Emerson, Fretz et al. 2011, 1-20, Spradley 2016, 73-84).

Before starting my fieldwork, I had very limited experience with participant observation and writing field notes, and all the books and articles I read could never have prepared me completely. Participant observation is a craft, a set of skills that one learns by doing it. This also goes for writing field notes. When I compare some of the first field notes I took with later notes from when I had become a more experienced participant observer, I realize how much writing field notes is a skill that can only be developed by actually doing observations and writing notes (Bernard 2011, 359-373). The first week, I focused on writing down everything that happened. I was so focused on accurately noting down facts that I didn't pay attention to describing the details. I thus captured observations without catching the nuances in the way people said a specific word or did a specific thing. When I was looking through my field notes after the first week or so, I realized that they simply lacked thick descriptions.

I quickly changed my strategy for taking field notes. I planned to take small notes – a condensed description – during my fieldwork (to an extent that it would not prevent me from participating and observing) (Emerson, Fretz et al. 2011, Spradley 2016). I carried a notebook around with me and often used some of the endless hours where the children were doing math exercises or English grammar to write down what I had experienced during recess or other lessons. I scribbled down as much as I could and used key words to help me remember what happened (*ibid.*).

When I came home in the evening, I re-wrote my field notes on the computer. The aim was not only to transcribe the condensed description but to fill in the gaps in the condensed description with all the details I remembered and turn it into an expanded account (Spradley 2016, 70-73). I also made sure to write down the feelings and emotions, struggles and breakthroughs I had while doing fieldwork (a fieldwork journal) (*ibid.*). These writings represented the more personal aspects of doing fieldwork, and it enabled me to be reflexive regarding my own role reentering the field but also doing interpretations and analysis (Krogstrup and Kristiansen 2015). The field note strategy and guide I developed is attached in the appendix.

Picture 4.1: Example from the condensed description



Both the strategy of writing notes and the journal helped strengthen the descriptive as well as the interpretive validity of the analysis. The role of the researcher's self matters in this regard, and the researcher must take her positionality into account and reflect upon how this affects the access to what she can observe and how she observes it (Schwartz-Shea and Yanow 2012). The researcher must reflect on the partiality of her view in the field (Clifford 2010), not only before and after entering the field but during fieldwork and deskwork (ibid.), and the field notes and journal enabled me to do that.

4.4.2. Asking questions: interviews and focus groups

Even though observations are the only way to study the encounter itself, there are limitations in relying solely on observational studies. Most importantly, it can be difficult to grasp the *imagined meaning* of the participants without asking questions (Lamont and Swidler 2014). Emotional dimensions of social experiences are not necessarily evident in behavior, and it may be necessary to make the participants reflect upon their perceptions and understandings. In order to do this, the researcher must ask questions (ibid.). Most participant observers do ask a range of informal questions during their fieldwork. If they did not interact with the participants and asked questions, they would not be participating observers in the field. However, conducting more formal interviews also has benefits because it enables systematic comparison across individuals, groups and social settings (ibid.). Hence, I asked informal questions

as part of interactions, but I also conducted formal interviews. More specifically, I conducted focus groups with pupils and focus groups as well as single-person, semi-structured interviews with teachers. In the following, I will address each form of interviewing, but first I discuss some of the general aspects of conducting interviews within the context of conducting participant observation in a “natural” social setting.

Embedded interviewing

The interview situation is just one out of many interactions between researcher and participant (as well as between participants in focus groups) during fieldwork. This raises some ethical questions, which I will return to later in the chapter. However, it also has methodological implications for the research situation. When the interview situation is just one out of many interactions, there is an already established relation between the people in the room, including shared understandings, shared knowledge of people, places, and events. This means that many things may be implicit when the participants and the researcher talk in the interview, and it is therefore important for the researcher to remember to make this implicit knowledge explicit without making the situation “unnatural”.

Besides trying to make implicit shared meaning explicit in the interviews, I followed general suggestions in the literature on doing interviews and focus groups (Weiss 1995, Barbour 2007, Kvale and Brinkmann 2015, Halkier 2016). When I constructed the interview guide for both focus groups and single-person interviews, I thought about adjusting my way of speaking to match an everyday-language tone and in particular to avoid technical or academic language. Having already done participant observation in the empirical setting gave me a good sense of the way the children and teachers spoke, the words they used etc. In order to gain access to meaning making close to the everyday practices of both teachers and pupils, and thus to make the interview data complementary to the observation data, I further prioritized getting both teachers and pupils to talk about what they did, thought, and felt during their normal school life. This meant asking both open and concrete questions and making use of exercises (Weiss 1995, Colucci 2007). I wrote down the questions in the interview guides in “spoken language” so I would not have to “translate” them from written to spoken language in the interview situation. I also made sure to have probes for the questions in case some participants were reluctant to talk. The following example from the interview guide for the semi-structured interviews with teachers demonstrates how I constructed an open question in ordinary spoken language together with probes that could be used if necessary:

Question 5: So what about in your work? Is health something you bring up in your lessons at the school? Can you tell me about an episode where you brought up health in your teaching?

Probes:

5a. What did you do?

5b. What did you talk about?

5c. What do you think the pupils thought about it?

Before conducting any interviews, I thoroughly vetted the interview guides (Kvale and Brinkmann 2015). I conducted two pilot focus groups with children and subsequently evaluated my approach, and I had a schoolteacher read through the interview guide for the teachers. In all cases, the pilot and test reading resulted in only minor changes of the interview guides. All focus groups and semi-structured interviews were conducted at the schools during the school day. In the following, I present and discuss in more detail the considerations behind the different types of interviews, the design of the interview guides and the interview situations. All interview guides are attached in full length in the appendix.

Focus group interviews with pupils

I chose to conduct focus group interviews rather than single-person interviews with the pupils for two reasons. First, conducting focus groups with pupils allowed me to observe how they negotiated the meaning of health and constructed health identities in interaction with each other, which is the main focus of my project (Morgan 1996, Barbour 2007, Halkier 2016). Hence, focus groups was an appropriate “tool” to generate the type of data I needed to shed light on my subject of study. Moreover, I was dealing with what many researchers consider to be vulnerable participants (Hammersley and Atkinson 2007). Research participants may have different needs and interests as well as varying degrees of power to pursue these interests and protect themselves, and accordingly some participants are in some situations vulnerable (*ibid.*). Schoolchildren or young teenagers may have less power to pursue interests and protect themselves. Likewise, the relationship between adults and children involves an imbalanced power and information structure that is not merely a consequence of the interview and research situation but a general condition resulting from the fact that adults appear as authorities in every aspect of the child’s life (Coyne 1998, Højlund 2002, Gulløv and Højlund 2003, Griffin, Lahman et al. 2016). Although I would argue that the literature sometimes neglects the situational and dynamic nature of power relations among individuals and accordingly overestimates the imbalanced power structure between the adult researcher and children (and for that matter between adult

researcher and adult participant), conducting research with children involves some methodological challenges. It may very likely make it more difficult to construct questions in a manner that makes them immediately understandable to the respondents, depending on their age. It may also make it more complicated to get answers since children may perceive the research situation as a learning or “exam” situation and wish to give the right answers – or what they think the researcher believes are the right answers (Gilliam 2009). Although eliminating the power and information differential between the child participant and the adult researcher is not entirely possible (Lahman 2008), there may be ways to minimize the imbalanced relation by adopting “varied and imaginative research methods” (Mahon 1996, 146). Since focus groups resemble a situation that pupils are familiar with – interacting and talking with their peers – I thought it might create a more informal atmosphere and soften the asymmetrical power structure between the (adult) researcher and the (child) respondent (Gulløv and Højlund 2003, Gilliam 2009). Being in a focus group with their peers, the pupils may feel more control over the situation than in a single-person interview with the researcher. This way respondents are empowered, which is essential in order to reduce the power differential between adult researcher and child respondent (Griffin, Lahman et al. 2016).

When I designed the interview guide for the focus group, I considered how to ask questions that would enable me to observe and analyze the phenomenon I was interested in, namely collective negotiation and construction of meaning and identities. It was important that I did not ask each member of the group individual questions, making the interview a group interview rather than a focus group (Halkier 2016). I thus made sure to address the children as a collective and encouraged them to discuss the questions collectively. However, I also made sure to inquire about disagreements and address questions at individual children to make sure that everyone felt they got the chance to express their opinions.

One way to promote discussions and negotiations is to make use of exercises in the focus group (Colucci 2007). Exercises gives the members of the group a common task to solve, a common point of departure for discussion, and it allows the researcher to take the role of facilitating rather than leading the research situation (ibid.). During the focus groups, I thus used various exercises to uncover the health categories of pupils and examine the process of health categorization in the interaction between pupils within the focus groups. First of all, before the interview, I asked the pupils to make a short photo diary from their everyday life with pictures of situations, activities, habits etc. that they associate with being healthy and unhealthy. This exercise was inspired by the technique Photo Voice, which is used in Community Based Participatory Research (Wang and Burris 1997, Wang and Redwood-Jones

2001, Wang, Morrel-Samuels et al. 2004, Wang 2006) (see assignment and examples of photo diaries in the appendix). The pupils sent their photos to me via email or text and I printed them out and brought them to the focus group. These photo diaries formed the basis of discussions of health. Moreover, the pupils had to classify the photos from the photo diaries as well as themselves and their peers in relation to health.

This type of classification exercises combined with photo material is a good technique for the specific research I am conducting. First, having photo material and exercises makes it easier for young respondents to express their views on abstract and intangible phenomena like health, health categories and health identities. It may also make the interview situation more interesting and increase the attention span of the respondents, which varies quite a lot in this age group. Making the pupils take their own pictures empowers them and uncovers their understandings without the researcher having to ask a lot of questions and taking the lead in the focus group. Likewise, it avoids the tendency among child participants to please the adult researcher.

Even in the focus group situation with the collectivity of children as a counterbalance to possible power dynamics, I had to handle difficult situations. In particular, I asked some sensitive questions about the social relations among the pupils in the class to get the children to use some of the classifications concerning healthy and unhealthy that they would also use in their everyday interactions. To prevent sensitive questions from resulting in hurtful conversations and to avoid situations where some children would not want to talk about sensitive matters, I tried to brief the children and push them toward discussing the questions in a descriptive and non-judgmental way. I thus tried to legitimize how one can discuss, for example, how some children interact more with some children than with others:

So it's pretty normal in a class that you hang out more with some people than with others. It's the same way where I work. For instance, I talk a lot with a guy called Jonas because we share an office. That doesn't mean that I don't like the others. Do you have groups like that in your class? Can you try to show me with the cards?

Likewise, I tried to legitimize talking about some people being "less healthy" or "unhealthy" by using myself as an example:

You know how some people care a lot about their health and do a lot of things to stay healthy, and others maybe care more about other things? For instance, I don't always think that much about being healthy. I like chocolate a lot, and I really like to watch series on TV, and I sit in front of my computer for hours at work every day.

The approach of using photo diaries and classification exercises has a lot of methodological advantages. However, during my fieldwork I found out that I probably overestimated how willing pupils were to actually make photo diaries. Some took many pictures, others took very few, and some did not take any. In spite of these challenges, the photos functioned well as a starting point for discussion – although their value as material in itself may be questionable. Therefore, the photo diaries as such will not be part of the data for the analysis but only be present in the focus group discussions.

I wanted to “maximize the range” of diversity in the focus groups (boys, girls, ethnic Danes, ethnic minorities, different peer groups etc.) to ensure that the focus groups were representative of the pupils in the school classes and enhance the internal generalizability of the findings (Weiss 1995, 21-25, Maxwell 2012, 141-143). All pupils from the four school classes were invited to participate in the focus groups. Before approaching the pupils, I asked for parental consent to do interviews (see appendix for consent form). Only one of ninety children did not get parental consent, one child asked not to be interviewed, and thirty-six never returned a signed form. It was not my impression that these children did not want to participate or that their parents were against it, but they simply kept forgetting the form. Fifty-two children got their parents’ consent and participated in the focus groups. Before conducting the focus groups, I had to consider how to construct the groups. Mainly for practical reasons, I decided on a maximum of four pupils in each group. I wanted to videotape the situation and be able to clearly see all pupils and the exercises they made during the focus group. Finally, it was important for me that it was a pleasant experience for the children to participate, so to the extent possible, I placed them in groups with people with whom they got along. All focus groups took place at the school during school hours and were videotaped. The children were divided into 15 groups and each group were interviewed twice once following interview guide 1 and once following interview guide 2. An overview of the groups is attached in the appendix.

The participating children were quite diverse; there were boys and girls, ethnic Danes and ethnic minority children, and children with different socio-economic backgrounds. Although I did not manage to interview all children, I succeeded in securing the multidimensionality of perspectives in the data especially when I combined it with informal conversations with some of the other children from the participant observation part of the study.

Semi-structured interviews and focus groups with teachers

I conducted semi-structured single-person interviews with seven primary teachers (which was the sampling criterion) in the four school classes. They

were all “udskolingslærere,”⁶ which means that they (primarily) taught 6th–9th grade. Although I did not intentionally seek to maximize diversity with regard to personal or professional characteristics, I ended up interviewing a quite diverse group of teachers with regard to gender, age, years in the job, the subjects they taught etc., which enhances the internal generalizability of the study (Maxwell 2012) (see appendix for characteristics of the interviewees).

These interviews took place before the focus groups with teachers, and the main purpose was to get a deeper understanding of how teachers perceive and classify pupils’ health. I tried to achieve this by having the teachers do the same categorization exercises as the pupils using the name cards and the pupils’ photo diaries. I also tried to bring in elements from the narrative interview by making respondents tell stories about specific children they had encountered as teachers and if, why and when they had been worried about their health. By asking this kind of question, I was seeking to get “catch” meaning making in context and ground meaning in practice (Maynard-Moody 2014). Moreover, the interviews gave me a sense of the professional identity of the individual teachers, their perceptions of health and their role as health-promoting agents. In this part of the interview, I asked very open questions like “what does health mean to you?”, “what is important for you as a teacher?” (Weiss 1995, 73-75) (see the full-length interview guide in the appendix).

In addition to the semi-structured interviews, I conducted focus groups with the teachers. This was not my original plan, but since the teachers rarely discussed health promotion and health education, I decided to introduce the focus group in order to observe how teachers discussed these topics in the group. The aim of the focus groups was hence to get access to how health, health promotion and health education as well as the health of pupils were collectively constructed and negotiated in the encounter between teachers.

I conducted two focus group interviews, one at each school, with primary teachers as in the semi-structured interviews. At Sønderskolen, four teachers participated, and at Vesterskolen three teachers participated. Except for one person, the participants in the focus group were the same teachers I had interviewed earlier (see list of participants in the focus groups in the appendix).

The interview guide for the focus group was split in two parts. The first part focused on an exercise where the teachers had to design a health educa-

⁶ Although the Danish Public School is a comprehensive school that covers both primary and lower secondary education (1st through 9th and/or 10th grade), the school is usually organized in the “indskoling” (1st through 3rd grade) the “mellemskole” (4th through 6th grade) and the “udskoling” (7th through 9th/10th grade). Sønderskolen is only organized in “indskoling” and “udskoling”.

tion course for the school classes. I thought putting the teachers in this situation would resemble how they usually work when they develop a course plan in teams. Hence, the situation would not only be comfortable and familiar but also close to how the teachers work in practice. This way of designing the focus group was thus also an attempt to ground the meaning making process, which took place in the focus group, in practice. The teachers had to come up with topics, learning goals and activities and agree on them collectively. I structured the questions as in the example below. I started out by asking them to reflect individually on the topics, learning goals or activities, write down their ideas and then discuss and agree on something as a collective:

My plan for today is to do an exercise where we imagine that you have to plan *a health week for 7th grade*.

1. The first thing I'll ask you to do is to think about *three themes* that you think are most relevant for a health week (based on your knowledge of the two classes). Please write each theme on a separate post-it.
2. What did you write? Why do you think that is an important theme?
3. Agree on one to three themes.

After they had “designed” the course plan, I asked them to discuss and reflect on the potential challenges and benefits of such a course, which pupils the course would appeal to and which pupils it would not appeal to etc. For the exact wording of the questions see the interview guide, which is attached in full length in the appendix.

In the second part of the focus group interview, I made the teachers read and discuss small stories from my field notes. The stories were all situations I had experienced among the pupils where health in some form was articulated or played a role. I wanted to observe how teachers collectively constructed and negotiated the health of pupils, what they problematized, what they normalized etc. I thought a lot about how to select the stories for the focus group interviews from the empirical material. I selected four stories where different themes were articulated, for example religion, gender, weight, appearance and potential obsession with diet. The stories are all attached in the appendix. To enable systematic comparisons between the two focus groups (Lamont and Swidler 2014), I gave the same stories with observations from both schools across focus groups. However, I told both groups that I had observed the situations at the other school in order to secure the anonymity of the pupils in the stories (all names were also changed).

It was extremely challenging to find a date and a time to conduct the focus groups, since all the teachers had busy schedules. That is also why I had to settle for three teachers in one of the focus groups. Moreover, I had some initial problems getting the teachers from Vesterskolen engaged in the exercise.

They seemed reluctant and expressed that this was not something they could do in such a short time frame. The participants in this group were all male teachers, and two of them had worked as teachers for many years. Their unwillingness to engage in the exercise could be a way for them to position themselves in relation to me, a young PhD student giving them – experienced teachers – an assignment. This illustrates how focus groups are not only about discussing a topic but also an interaction between people trying to establish themselves in relation to each other, and in this process the personal characteristics of researcher as well as participants matter (Vähäsantanen and Saarinen 2013). However, as the focus group proceeded and I made them read the small stories and asked for their opinions and thoughts on what I had observed, they started engaging more in the discussion.

All semi-structured interviews and focus groups with the teachers were audio-recorded. Moreover, I made sure to write down in my field notes the events and conversations leading up to the interviews and focus groups as well as what happened afterwards. I also noted my thoughts, impressions and reflections about the interviews and focus groups in my fieldwork journal. These steps were taken in order to enhance the descriptive as well as interpretive validity of my accounts based on the interviews (Maxwell 2012).

I had quite a lot of experience with conducting semi-structured interviews with frontline workers (mostly health professionals). However, I had never done “embedded interviewing,” that is, interviewed people I knew from fieldwork. During the process of interviewing, I realized that conducting the interviews and focus groups with the teachers that I had spent a lot of time with and talking about children I knew, made the interview situation more personal. Consequently, I spent quite some time reflecting upon how teachers addressed me in the interview situation, my interaction with them during the interviews, how I reacted to stories about the children, my thoughts and emotions during the interviews etc. I wrote these reflections down to be able to consider my positionality in the analysis of the data (Haraway 1988, Schwartz-Shea and Yanow 2012, Schwartz-Shea 2014)

4.4.3. Policy documents

The different kinds of interviews combined with participant observation generated data on the perspectives of the teachers, the perspectives of the pupils and the encounter between teachers, pupils and their peers. However, I also needed to access the perspective of policies in order to examine my research question. I collected policy documents at school level, municipal level and state level on health promotion, prevention and health education aimed at schools, children and teenagers.

I developed a list with search keywords based on the themes and topics that the teachers and pupils associated with health (based on the first and second round of data generation). Moreover, I added a range of words to make sure I would get the official documents concerning health and health promotion in the school system. The following words were included in the search:

- Public school
- Children
- Teenagers
- Health promotion
- Prevention
- Health education
- Health
- Physical health
- Mental health
- Weight
- Underweight
- Overweight
- Exercise
- Physical (in)activity
- Diet
- Food
- Alcohol
- Smoking
- Drugs
- Stress
- Depression
- Sexual health
- Wellbeing.

In order to collect the policies on the school level, I asked the principals, the pedagogical leaders/managers (“pædagogisk leder”) and the teachers if I could have the written school health policies and similar documents. Moreover, I searched the school websites for documents and minutes from school board meetings. I found very few documents related to health. The two schools do not have a written health policy, and according to the minutes from the school board meetings, discussions about school health policies had been brief. After initial analysis of these extracts, I decided that the data foundation was not sufficient to conduct a systematic and thorough analysis. Written policies on the school level are thus not included in the analysis.

The policies on municipal and state level were collected by searching for the keywords from the list on the website of the Municipality of Aarhus, the Ministry of Education and related websites, the Danish Health Authority, The Ministry of Health, and Retsinformation, which provides access to Danish state legislation. In this process, I was assisted by a student assistant who followed a search guide I had developed to ensure that the search was systematically conducted. This search guide and an overview of the documents included in the analysis can be found in the appendix.

4.5. Data processing

Data processing was divided into two steps. Initially, I open coded the data to get a sense of it. Based on this initial processing, I decided on adopting three analytical strategies to examine the subject of study from different perspectives using three distinct analytical grips, namely discourse analysis, categorization analysis and interactionist analysis, which will be presented in detail in the analytical chapters (Chapters 5, 6 and 7). In this section, I focus on how data was prepared for analysis and the process of open coding.

4.5.1. Transcribing and preparing data for analysis

To facilitate data processing, all interviews and focus groups were transcribed (Bazeley and Jackson 2014, 56-59) with help from five student assistants. To enhance accuracy of the transcriptions and thereby the descriptive and interpretive validity of my analysis, the student assistants followed a transcription guide developed by me (see appendix). I instructed the student assistants to re-listen or re-watch and proofread the interviews after transcribing them. I also read through and in some instances re-listened or re-watched the interviews and made minor adjustments. The transcribed interviews, field notes and policy documents were all imported to the software program Nvivo, which I used for the open coding.

4.5.2. Open coding and the initial analysis of the data

During the initial phase of analysis, I approached the data with a strategy of open coding. In this phase, I tried to take the data as a point of departure and remain close to it. I used process coding, *In vivo* coding, and verbs as codes instead of nouns, in an attempt to capture the actions in the data and stay close to the data (Charmaz 2014, Miles, Huberman et al. 2014, 71-86, Saldaña 2016). Thus, I purposefully tried to delay analyzing and naming themes in the data, or, in other words, to keep an “emic” rather than an “etic” perspective (Agar 2007). This also involved working with the data in the original language (Danish) as long as possible. The quotes from interviews, policy documents

and field notes I use in the analysis were therefore also kept in Danish until the final stage of the writing process. In this way, I avoided the unnecessary loss of information that inevitably follows with translation and thus enhanced the descriptive and interpretive validity of my accounts (Maxwell 2012). Likewise, I kept the real names of the participants until the final revision of the dissertation before anonymizing them. I changed the Danish names to other Danish names with the same socioeconomic connotations as well as generational connotations, and the names of ethnic minority children to other names from their parents' country of origin. After open coding the empirical material, I looked through the codes and the coded parts to identify interesting dimensions in the data (Charmaz 2014, Miles, Huberman et al. 2014, Saldaña 2016). Based on this process as well as my research question and theoretical framework, I developed the three-part analytical strategy consisting of discourse analysis, categorization analysis and interactionist analysis.

4.6. Robustness of analysis

The robustness of my accounts have been an ongoing theme throughout the process of designing the research project, carrying it out, processing the data and writing the dissertation. As described and discussed in this chapter, I have tried to enhance the overall validity of my accounts in various ways. In this section, I briefly discuss the overall strengths and weaknesses of the study.

As mentioned at the very beginning of this chapter, doing an interpretivist ethnography involves acknowledging that the knowledge I present in this dissertation will always be a "partial view" (Ybema 2009, Clifford 2010, Schwartz-Shea and Yanow 2012). The account is a story of which I am a part. My positionality has mattered for my access to the field; for what I could observe and what I could not observe; for how people reacted to me and how I reacted to them. I have tried to take the situatedness of my accounts into consideration through conscious reflections (Haraway 1988). Moreover, I have sought to present my research process, choices and considerations in a transparent manner in this chapter (Schwartz-Shea 2014). A strength of this dissertation is that triangulation of data generation methods and analytical grips (Mathison 1988) has allowed me to capture the multidimensionality and complexity of the case and to show convergence with regard to some aspects of the research, as we will see in the analytical chapters.

It is not my aim to externally generalize my findings. This is an ethnographic study of four school classes, and whether my findings are generalizable to a broader population is an analytical question (Maxwell 2012). Hence,

the external generalizability of this study depends on the character of the findings and will be discussed in relation to the analysis in the analytical chapters and discussion.

4.7. Reproducing or reinforcing stigmatization? Reflections on the ethical implications of the dissertation

During this research project, I have experienced situations with ethical challenges and concerns. When I started designing and preparing the interview guides, I knew that I risked reproducing and reinforcing processes of stigmatization of particular pupils or groups of pupils. By drawing attention to categories and making participants classify their pupils or peers in relation to health, I ran the risk of reproducing or reinforcing stereotyped reasoning and processes of stigmatization, thereby violating the “principle of beneficence” or the “do no harm” imperative of research (Hammersley and Atkinson 2007, 268-270, Mertens and Ginsberg 2009). Since health can be a sensitive topic and related to stigma, this was therefore a likely risk. The research project was situated in the everyday social environment of participants, which meant that the reinforcing effect could have more direct consequences for the pupils than if the participants did not interact with each other in ordinary life. Moreover, children are often considered vulnerable participants, which means that the researcher should be even more aware of the potential harm that the research may inflict on the participants (Hammersley and Atkinson 2007). This does not necessarily mean that special ethical guidelines apply to conducting research with children or teenagers but that ethical concerns should be evaluated based on the position of the participants (Lahman 2008, Griffin, Lahman et al. 2016). Studying health categorization via this specific approach (classification exercises) and having to deal with vulnerable participants (young teenagers) in their natural environment created a delicate situation.

I do not believe it is possible to eliminate the risk of reinforcing these processes, but I tried to minimize it by thinking very carefully about how I asked questions in the semi-structured interviews and focus groups with teachers and in the focus groups with pupils. In the field of educational research, Troyna and Carrington criticize a range of studies of the use of racial stereotypes among teachers and pupils (Troyna 1989). They argue that these studies in their attempt to uncover racial attitudes among teachers actually encouraged them to employ racial or ethnic stereotypes as frames of reference, for example by giving them questionnaires with statements that represent pre-

vailing stereotypes of race and class (e.g., “Asians are better pupils than English pupils”) and inviting teachers to disagree or agree. Teachers were thus primed to conform to racially stereotyped reasoning in the specific research situation. Moreover, differentiating along racial or ethnic lines in general was given legitimacy. Besides any methodological objections to this approach, it is questionable if this is ethically appropriate.

To avoid priming teachers and pupils to conform to stereotypes about a specific group of people as well as legitimizing the use of certain stereotypes, I asked open questions like “How do you think these photos fit together?”, “Which photos or piles of photos do you think best describe the pupils/your peers?” I thus let it be up to the participants to construct the categories.

Another strategy I employed was to let participants reflect upon the categories and classifications they used following Gilliam (2009) I asked questions such as “Why do you say this?”, “Is it always like this?”, “Do you think this is fair?” etc. By making them explain and discuss their reasoning (for example in the focus group) my research had the potential to actually challenge stereotyped reasoning.

Even though I tried to overcome this ethical challenge, I still felt on a few occasions that I had indirectly contributed to hurting a child’s feelings. The following quote is from a focus group with four girls (Clara, Caroline, Iben and Filippa) who were really good friends. They were discussing their photo diaries and sorting the pictures into different piles, one of them with “healthy food”.

Caroline: “I kind of think it goes here.”

(Caroline takes her lasagna photo and puts it with the healthy food)

Clara: “I don’t know. I’m not sure I think this one goes. I don’t know.”

(Clara removes Caroline’s lasagna photo from the healthy food. Caroline sends Clara an angry look)

Iben: “Uh uh, Caroline! Killer face.”

Clara: “No, but I don’t think so. I don’t know, I’m sorry.”

Iben: “But that stuff that’s also healthy.”

(Iben points to the lasagna photo)

Caroline: “Yeah, I think so too.”

Clara: “It’s just that cheese is not like super healthy.”

Caroline: “No, but ...”

(Focus group with Clara, Caroline, Iben and Filippa, pupils at Vesterskolen)

After this episode where Clara expressed the view that Caroline’s photo of a lasagna was not healthy, Caroline withdrew from the conversation and barely said anything for the rest of the interview. During the recess after the interview, she avoided her friends and hung out with another group of girls. On the

one hand, I felt it was a bit silly. It was, after all, “just a lasagna”, but on the other hand, I knew that it was not just about the lasagna, but a question of friendship, status and identity, and I felt that my research had somehow hurt Caroline’s feelings. This episode illustrates how conducting research embedded in people’s everyday lives may sometimes create delicate situations that influence participants after the interview situation has ended. However, it also illustrates how being there and being close to participants may raise the researcher’s awareness of ethical issues. The researcher is not blissfully unaware of the consequences of the question she asks but is confronted with the consequences and forced to reflect upon the implications of her research, her presence in the field as well as the meaning of her own emotions in ethically important moments.

Chapter 5.

The social context of the encounters: presenting the research sites

In this chapter, I briefly present the two schools and four school classes that constituted the sites of the ethnographic study. The aim of this chapter is not to present a list of facts about the schools, teachers and pupils, which have already been touched upon in the methodological chapter. Instead, this chapter seeks to give an impression of the social environment in the school and classes that form the basis of the research presented in this dissertation. Neither the schools nor the classes constitute units of analysis in the analytical chapters that follow. I am not comparing the schools or classes as cases. Instead, they constitute sites; empirical settings where the phenomenon I am interested in – the public encounter – takes place. In the first part of the dissertation, I stressed the importance of studying public encounters in context; that is, being sensitive to the social context in which the encounter is situated. This chapter thus describes the social landscape where the research took place based on the empirical material in order to situate the following analyses in the social context.

Below, I describe the two schools and present the social landscape in the four classes, i.e., how the pupils and teachers perceive the class, groups and hierarchies, what characterizes the interaction in the school classes etc. In order to secure the anonymity of the participants in the study, I cannot give a complete, detailed description of the schools.

5.1. Sønderkolen

As mentioned in the methodological chapter, Sønderkolen is situated in an old suburb of Aarhus, very close to the city center. The neighborhood and school district comprise single-family houses as well as public housing. The residents in the neighborhood are families from all social classes, elderly people and students. It is a populated area and a lively neighborhood.

Both schools in the study were chosen to represent typical Danish public schools (see methodological chapter), and the teachers and the pedagogical leader at Sønderkolen describe the school as an “ordinary Danish public school with a good mix of children”.

The school is very mixed compared to what I’m used to. I was used to an area ... I came from a school with pure middle class. You know. Distributed on lower

middle class and pure middle class and a little bit above. Primarily ethnic Danes ... It is much, much more mixed than I've been used to. And I mainly think that it's exciting. And I mainly think that it does something good for everyone that it is. That people are more different. I come from a place with lots of prejudice about other groups. And there's a lot less of that here ... the children meet everybody here (Jakob, teacher at Sønder-skolen).

20-25 pct. of the pupils are what the municipality of Aarhus labels "bilingual", meaning that Danish is their second language. A large part of the bilingual or ethnic minority children live in the public housing area close to the school, and some come from other neighborhoods typically referred to as ghettos. The municipality of Aarhus tries to avoid too high a concentration of bilingual children in the schools and thus move children from school districts with a high concentration of ethnic minorities to other districts. Since Sønder-skolen is situated relatively close to the city center, there are a number of private schools nearby, and some Danish middle-class and upper-class parents choose to transfer their children to these private schools during the last years of school. This means that the school is what teachers and school principals sometimes refer to as "thin at the top", meaning that the concentration of ethnic Danes and middle-class children is lower in the 8th and 9th grade. The school also has special classes for children with learning difficulties and various diagnoses. The classes where I conducted my research were "normal" school classes and relatively representative of the neighborhood in terms of ethnic and socio-economic composition.

The pedagogical ethos, teaching program and school traditions at Sønder-skolen can also be characterized as "typical", that is, they do not deviate significantly from other public schools in the area. The school is an old building with a paved schoolyard and a large soccer field. The school also has a small cafeteria where the pupils can buy food. Mostly the young children frequent the cafeteria and the older pupils either bring lunch from home or buy food at one of the nearby supermarkets, the baker etc. The pupils are allowed to leave the school area from the 7th grade, and since there are two supermarkets, a baker, a kiosk and a pizzeria close to the school, they have many possibilities to buy food, candy, soda etc. during recess.

The group of teachers is also very diverse, with many teachers who have worked there for many years as well as younger and newly educated teachers. The teachers describe the school as a good place to work, with good collegial relationships and a nice informal tone in the staff room.

5.1.1. The inclusive school class

One of the school classes I followed at Sønderskolen (the A class) was considered “a good class” by both teachers and pupils. The teachers described the pupils as “inclusive”, “tolerant” and the class as very cohesive. The teachers often explicitly tell the class that they are “a good class” and that they are good and likeable children:

Fieldnotes May 2016, Sønderskolen

The substitute teacher Jette asks Morten to read his summary of chapter 9 from *Skammerens datter*⁷ out loud. Morten doesn't feel like it. “Just try,” Jette encourages him. His voice is breaking. The atmosphere is a little tense. Emil and Oliver in the front row are laughing. When Morten is done, the class erupts in applause. Mia next to me claps enthusiastically. Emil turns around and says, “I wasn't laughing at you, Morten, sorry!” Jette praises Emil for apologizing. “I just really love that about you that you're nice to each other,” she says.

What is underlined by teachers in these situations is not so much the pupils' academic performance or hard work (although their high academic level is also pointed out), but their sociality. Teachers occasionally complain that the pupils talk too much, but this is also seen as a sign of their sociality and inclusiveness. They are nice to each other, also to potential outsiders:

Well, Morten is very different from the other boys. We've been after him many, many times because he kinds of sticks to himself doing pirouettes in the school yard, but they're crazy about him. So there's nobody who doesn't let him in if he shows up. If he's a little different, so be it. They just really like him. I mean because he's special. In many other classes, he could cause trouble, but here he is embraced (Solveig, teacher at Sønderskolen).

The teachers often talk about how the pupils spend a lot of time on the soccer field during recess, and that they are a sporty and competitive class. The pupils also perceive themselves as a “social” class. They describe the class as a place where everyone can talk to each other, and where the boys and the girls have a good relationship:

Mathilde: “To start with, I would like to know how you like being in your class?”

Astrid: “I like it.”

Daniel: “It's fun.”

Kirstine: “Yeah, we don't really have any problems like that.”

⁷ Danish book for children and young teenagers.

Esther: "We definitely have a really good community. Boys, girls, everyone together."

(Focus group with Astrid, Esther, Kirstine and Daniel, pupils at Sønderskolen)

However, all the pupils also agree that there are groups in the class, and although they often downplay the differences and dividing lines in the class, these groups are still part of a hierarchy. The dominant group is "the soccer boys and soccer girls", which also constitutes the largest group in the class. They mostly spend recess on the soccer field and often hang out together at the local soccer field after school. They describe themselves as boys and girls who "like to be active" and who want to include everyone in the group, but not everyone wants to play soccer and be outside and therefore some people are not part of the group.

Another group is the "phone girls". Some of the phone girls are occasionally part of the soccer girls and spend time with the others, but they are (increasingly) spending time inside during recess with their phones. They surf the internet, check out Instagram, send snap chats, talk about clothes, shopping, etc. These girls are still popular and talk with the other boys and girls, but the soccer boys and girls think it is boring that they do not want to play football outside but prefer to stay inside with their phones.

Lower in the hierarchy are the "librarians" as the others sometimes call them with a marking tone. When I visited the class for the first time, the group consisted of two girls and one boy, who besides reading a lot of books also played music. When I visited the class the second time, one of the girls had switched to a private school and another boy had joined. The rest of the class sometimes found them stupid and pretentious because they talked a lot about books and used difficult words. Finally, there was the "strange boy in the class" (Morten), whom everybody was nice to but no one was friends with. In general, the interaction in the class was very consensus seeking and explicit conflicts were rare.

5.1.2. The impossible class

In contrast, the other class at Sønderskolen (the B class) is known by teachers as an "impossible class". In one teacher's words, they are "not good at going to school". They are not meticulous with their school work, they talk back and the class is not socially cohesive. Teachers find that the B class lacks a strong feeling of community and that they perceive themselves in opposition to the school:

I think they are very fragmented as groups. In part, I think that it's going to sound worse than it is because I don't think it's black and white, but I partly think that it sometimes seems as if they gather around a common project that to some

extent seems to be about being in opposition to the teacher. Or mostly to the teaching situation. I don't think they actually want to be in opposition to me. I feel that when I talk to them outside the teaching context, that they do want to connect with me, but I think that as a group they sometimes appear to be in opposition. I don't really think they are aware of it. I don't think they are aware that this is the expression they are communicating, the signals they are sending. But maybe we're moving on to something else now. But I kind of think that it sometimes ... and it makes me assert my authority a bit more (Jakob, teacher at Sønderskolen).

Some of the pupils explicitly express opposition to the school. They say that they hate the school and that they would rather stay home and watch Netflix. The class is often compared to the other class, the good and inclusive class. The teachers are stunned about how different the two classes are, because there is no obvious reason. The socioeconomic composition, gender composition and ethnic composition of the two classes are similar, but the teachers perceive the dynamics as very different:

Fieldnotes May 2016, Sønderskolen

When all the pupils have left, Jette says "phew." They are a handful, she thinks. Not like 6A. They are so nice. 6B has to be reined in. She should have been tougher. It's always been like that, she says.

The pupils call themselves "the weird class" or "the class teachers do not like." This narrative about being the troublemaker class is very strong, especially among the girls and sometimes it takes the form of a counter identity the ideal of the school. The children often talk about how the teachers prefer the other class, and how they think the pupils in the other class are "so well-behaved", but in reality they are just as bad as the B class. They just pretend to be nice, in other words they are "phony". Some of the pupils in the B class also express that they do not like their class. They find it noisy and some of the others phony:

I like our class most of the time but I ... think some of the others are kind of ... phony. I mean some of the people in the class, you know, not any of the people sitting here. ... a little phony ... pretend they're something they're not (Maja, pupil at Sønderskolen).

The boys in the class are divided into two groups: the two popular boys who interact a lot with the girls and the geeky computer boys who keep to themselves. Many of the girls really dislike the computer boys and think they are weird. The group of girls is very fragmented, and they mostly hang out two and two, but they are divided into two overall groups namely the phone girls (who spend their time on social media, watching Netflix and going downtown)

and the soccer girls (who spend their time on the soccer field with the other class). The phone girls are the "loudest" and dominate the class. While the interaction in the other class was characterized by consensus seeking and collaboration to maintain each other's dignity (like the example with Morten), interaction in this class, especially with the teachers, is more conflictual.

5.2. Vesterskolen

Vesterskolen is situated in a former small town that has been swallowed up by the greater Aarhus area. Compared to the neighborhood surrounding Sønderkolen, the area surrounding Vesterskolen resembles a village or a traditional suburb, the housing density is lower, and there are more green areas. Next to the school is the local indoor stadium, a supermarket, a pizzeria and a pharmacy. Most of the houses in the neighborhood are single-family houses, but there is also a large public housing area with families from lower social classes and ethnic minority families. The residents in the area are mostly families and elderly people.

The teachers also describe Vesterskolen as a typical Danish public school with a diverse pupil composition:

Vesterskolen. I don't know if it is. Vesterskolen mirrors the Danish society, I would say. Except we don't have anyone from the very top. My guess is that very few people in this area make over 1.5 million a year. So it we probably don't have any top earners here. But we do have some who make a lot of money, and we have some ... everything from some who make a lot of money to some who make very, very little. Everything from university degree to unemployed. We have the whole spectrum. So in that way, it's a really good picture of ... of, yeah (Bo, teacher at Vesterskolen)

Vesterskolen also has bilingual children from other areas in Aarhus. They travel a substantial distance (about a one-hour drive) to get to school on the bus or, as the children call it, "the Paki transportation". The teachers are skeptical of the bussing solution, since the children have no relation to the area or the local community.

Well, this is Aarhus Municipality's version of integration, to move them [ethnic minority children] from there and transport them to different neighboring schools (Casper, teacher at Vesterskolen).

The school has a paved school yard and is surrounded by a green area, a large soccer field and a smaller athletics field. The school has a small stand where the pupils can buy food. As was the case at Sønderkolen, mostly the younger pupils buy food at the stand. From the 7th grade, the pupils are allowed to leave

the school ground during recess, and many pupils go to the supermarket next to the school to buy food.

5.2.1 The class where everyone has a place

The teachers often describe the X class as a group of children who are eager to learn. However, they are also “real teenagers” who watch too much Netflix, eat too much junk and spend too much time with their phones. Casper, their primary teacher, has tried to limit their phone use during recess with limited success. The pupils describe their class as a “unique class”, a social community where everyone has a place:

Patrick: “We are more mature than the others. And we’re also different from the other classes in the sense that when you join our class, you don’t just fit in. It’s something you have to get used to.”

Alma: “You kind of have to ... not because we think that you should find your place, but in our class we’re very different, and we kind of fit together. And you kind of have to figure out who you are.”

Patrick: “We have that balance”

(Focus group with Patrick, Alma and Amanda, pupils at Vesterskolen)

In order to become a part of the social community of the class, pupils must find their place in the class. The pupils also present themselves as “mature” compared to the other 7th-graders.

In the social landscape of the class, the boys are mostly presented as “one big group”, but sometimes the pupils also distinguish between the boys who often play computer and Pokémon cards and the other boys who hang out with the girls and drive around on their non-electrical scooters. However, the boys are in general all good friends. The girls are more strictly divided into three groups. “The squad” consists of three girls who spend a lot a time on the phone, have older friends and hang out a lot with people from the other classes and from other schools. The biggest group of girls hang out with the boys; they also spend some time with the phone and watching Netflix and talking, mostly with people from the class. The last group consists of three girls, and some of the others occasionally refer to them as the “leftover group”. They are quiet and keep to themselves, draw or sit with their phones during recess.

In general, the mood in the class is light. The pupils often joke with each other and the teachers. The interaction is not as conflictual as in the B class at Sønderskolen but still more characterized by pupils challenging each other and the teachers than in the A class.

5.2.2. The class where everyone has their “own thing”

This is an extremely nice class to teach. They are curious. Which is key to a good teaching environment. ... And the atmosphere in that class we have, I have, you've been there, it's an atmosphere where one of the most important things is the academic content. It is pretty cool to be bright in 7Z ... So I think ... and if I have to talk from a health perspective ... then I think ... I'm don't have evidence or anything ... but I think there's a bigger chance that the children in 7Z will be healthy people as adults and maybe in their adult lives in general than someone from a class with a different focus (Bo, teacher at Vesterskolen)

As the quote illustrates, teachers describe the Z class as ambitious and hard-working pupils. Teachers experience the class as a social community where being good in school is considered cool and where some of the dominant pupils are the bright pupils. The teacher also says that he foresees that the pupils will go on to live healthy lives. Overall, he does not consider them to be at risk, although he does express worries about individual pupils.

The pupils describe the class as a good class but also as a place where everyone is busy with their hobbies such as gymnastics, horseback riding, music etc. Hence, they do not spend that much time together outside of the school. The girls are divided into three groups. The trio, who read a lot of books, write novels, like horseback riding and are good friends with many of the boys. The page-4 girls, who also call themselves “the pagers”, are four girls who are all fans of the boyband page-4 and spend a lot of time with their individual hobbies (gymnastics, dance, swimming and horseback riding). They all perform their sport on elite level. The last group of girls are the “leftover group”, the quiet girls who are lower in the hierarchy, and who spend a lot of time on their hobbies such as gymnastics and soccer.

According to the pupils, the boys are more one big group, but they are also divided into smaller groups: those who play Pokémon go and those who ride around on their non-electrical scooters.

There are what the pupils call “girl problems”, that is conflicts among the girls, on a regular basis. These conflicts are often within the group of the “pagers” or between the “pagers” and the book-reading trio.

5.3. The social context as enabling and constraining the agents

In this chapter, I have briefly presented the two schools and the four classes. The schools and classes are in many regards what would be considered mainstream public schools in Aarhus. All the classes are relatively well functioning, with a diverse pupil composition and different peer groups. The peer groups

are often mono-gendered although friendships exist between boys and girls. What is regarded cool and uncool varies from class to class, but groupings and hierarchies exist in all four classes and the character of the relationship between individuals and groups varies (the degree of conflict). The same goes for the relation between teachers and pupils, which can be more or less conflictual, challenging etc.

Why is this important for the following analysis? The social context in which the encounter takes place both enables and constrains the behavior of pupils and teachers. Teachers and pupils do what they can with what they have. The roles and the rules of interaction in the setting enable and constrain their actions, as we will see in the analyses in the following chapters. These roles and rules are rooted in the context. The social context of the research sites presented in this chapter is important when we examine the agency of teacher and pupils. This will be especially clear in Chapter 8, which focuses on the interaction process and the encounter as a situated and relational performance.

Chapter 6.

The construction and transformation of the meaning of health and health promotion

The concept of health is called positive because health is more than absence of disease. It is also about quality of life and physical, mental and social well-being. (Danish Ministry of Education, 2017, policy document 22).

In my mind, health and enjoyment of life can be contradictory (Bo, teacher at Vesterskolen)

”You can’t drink water? But that’s not healthy”, says Nina. “Yes it is. Fasting is healthy”, says Nadin. “Come on, it’s not healthy to not drink water”, Nina responds.

(Excerpt from field notes, conversation between Nina and Nadin, pupils at Sønderskolen)

These quotes from the empirical material are all statements about health. They explicitly tell us something about the meaning the actors ascribe to the concept of health. In the first quote, health is presented as encompassing a wide range of aspects including quality of life and well-being. The second quote portrays health and enjoyment of life as contradictory. In the third quote, the act of not drinking water as a part of upholding the Ramadan is perceived as an unhealthy act by Nina, but as a healthy act by Nadin. The tensions and contradictions that appear in these three short quotes illustrate that the meaning of health is not fixed and unambiguous but rather fluid and subject to negotiation in the encounters between health policies, teachers and pupils.

Public authorities constructs the meaning of health and health promotion in policies outlining how schools and teachers should work with health promotion in everyday life. At the same time, understandings of health and health promotion are being set and challenged in the classrooms, school yards and staff rooms every day in schools, and these ideas about health do not always appear to be in line with the views expressed in the ministry’s policies. How, more specifically, is the meaning of health and health promotion being constructed and re-constructed in the encounter between policies, teachers and pupils? How do the different actors ascribe meaning to health, and how can

we understand these meaning making processes? These questions are the focus of this chapter. I am interested in uncovering how the actors in the field understand health and health promotion, the differences in how they perceive health and health promotion, and what kind of resources they draw on in the process of meaning making. In the process of constructing meaning, discourses often function as structures the actors can draw on. Discourses thus constrain as well as enable the actors in the process of meaning making, and discourses allow actors to navigate and negotiate between different layers of meaning. I therefore choose discourse analysis to examine how different meanings of health are constructed and negotiated.

The chapter shows how different understandings of health and health promotion (health discourses) co-exist in the empirical setting of the school and function as resources that the actors and draw on in the construction and transformation of the meaning of health and health promotion. I start by examining how policy documents construct the notion of health and health promotion. Two different health discourses dominate the policy documents: the biomedical discourse constructing health as the absence of disease and health policies as minimizing risks; and the health-pedagogical discourse, which defines health as a broad and positive phenomenon and health promotion as the creation of action competences among citizens. Even though the two understandings of health and health promotion may seem contradictory and to some extent are constructed as opposites, I argue that they are both an expression of the moral character of the state's health promotion project.

Afterwards I turn my attention to how the teachers construct the meaning of health and health promotion. The analysis illustrates how teachers sometimes draw on the biomedical discourse, which defines health as physical health and health promotion as a matter of communicating health facts and minimizing risks, and sometimes disassociate themselves from this understanding. In such situations, the teachers draw on a discourse articulating health as common sense and moderation. They thus draw on different understandings of health in different situations. In the analysis, I argue that teachers act both as state-agents and professional agents in the construction of the meaning of health and, moreover, in particular as citizen-agents.

The last part of the analysis focusses on how understandings of health and health promotion are formed among pupils. The children define health differently from situation to situation, and like the teachers they draw on an understanding of health as biomedical health and health as moderation. Moreover, in the construction of health and health promotion, children draw on their role as "children" and the idea of the opposition between child and adult.

In the analysis of the empirical data, I employ analytical tools from the discourse theory of Ernesto Laclau and Chantal Mouffe. Before turning to the

analysis, I will briefly present my analytical concepts and strategies and how I employed the concepts in processing the data.

6.1. Analyzing discourse

The point of departure of this analysis is that the speech-acts that public authorities, teachers and children make about health only become meaningful within a discourse. There is no pre-given and necessary relationship between the signifier and the signified (Åkerstrøm Andersen 1999, Torfing 2003, Esmark, Bagge Laustsen et al. 2005). Instead, this relationship needs to be established. The process by which this relationship is established is what Laclau and Mouffe call the practice of articulation (Laclau and Mouffe 2001, 91-101). The structured totality that results from this articulatory practice is discourse – or discursive formation defined as the regularity in the dispersion of statements (ibid.).

The process of articulation consists of the construction of nodal points that fix the meaning of the various elements in the text. The relationship between the signifier and the signified will never be completely fixed, though, since nodal points only partially fix the meaning of speech-acts. The meaning is always subject to negotiations and dislocations or transformations, and the struggle to fix meaning is continuous (ibid., 108-113). Nodal points provide a frame for interpreting the text, and identifying nodal points thus allows us to uncover how the discourse structures what is being said. The different statements in the text acquire their meaning from their relation to the nodal point.

By being linked to the nodal point, the various elements in the text also become equivalent to each other. They acquire the same meaning because of their relation to the nodal point. In the following text passage, “common sense” functions as a nodal point fixing the meaning of health. Health is about common sense, and various elements in the text like “cigarette”, “lollipop”, “beer” and “whole person” come to be equivalent to common sense (and thus healthy) and to each other because they are linked to the nodal point “common sense”.

For me, the concept of health ... well, I think that we're subjected to a kind of health fascism these days that I don't really like ... so health ... I try to use common sense when I think about health ... common sense and pragmatism. You know – relax, already! Eating a lollipop or smoking a cigarette or drinking a beer is not going to kill you. I mean, calm the hell down. ... I would really like to see them turn into whole persons who are not obsessing over something. And I see some pupils who obsess over health ... you know, they're scared because their doctor dad said this or that. That's not good. So common sense is clearly my platform (Bo, teacher at Vesterskolen).

While some elements in the text become equivalents, others are constructed in opposition to these and the nodal point around the anti-pole of the nodal point. Laclau and Mouffe use the term "relation of difference" (ibid., 113-120). In the quote above, "health fascism" is constructed as the opposite of "common sense" and the chain of equivalence is constructed around common sense. The relations of equivalence and differences constructed in this text passage can be illustrated as follows:

Table 6.1: Example of chain of equivalence and relation of difference

Nodal points	Chain of equivalence
Common sense	Smoking a cigarette – drinking a beer – eating a lollipop – whole person
≠	≠
Health fascism	(not smoking) – (not drinking) – (not eating lollipop) – narrow-minded

Discourses also construct subject positions, that is, roles with specific characteristics that individuals can take on (for example teacher and pupil). These subject positions are associated with certain expectations, actions, duties, rights etc. (Åkerstrøm Andersen 1999) In this analysis, I will only focus on the construction of subject position to the extent that it is relevant for the formation of the meaning of health and health promotion. A more in-depth analysis of roles and identities will be carried out in the other analytical chapter applying different analytical grips.

The concept of the empty signifier is also relevant here. An empty signifier is a signifier that comes to encompass so many different meanings that it is drained of any stable or constant meaning. The empty signifier compensates for the lack of meaning by being ascribed value. Empty signifiers are empty of meaning but filled with value (Laclau 1996). Health can be seen as an empty signifier: Everybody agrees that health is a good thing, but health means many different things to different actors in the empirical setting. The question is thus how the meaning of health is constructed and transformed by the different actors in this empirical case.

The material that this analysis is based on consists of policy documents regarding health promotion, prevention and health education directed at children, young people and the school as an institution. These policy documents were briefly presented in the methodological chapters, and an overview of the documents can be found in the appendix. Moreover, the data includes semi-structured interviews with teachers (7 interviews), focus group interviews with teachers (2 focus groups) and focus groups with children (30 focus group in-

interviews). My field notes are not part of the discourse analysis. They are essentially a product of my writing and therefore not useful in an analysis of the articulation practice of the agents in this empirical setting.

The empirical material for this chapter has different characteristics. The interview material expresses the views of individual actors or groups of actors in the field and takes the form of everyday conversations about health and health promotion in the school setting. In contrast, the policy documents are the result of a political process. They are a product of negotiations between different actors and have a specific aim, namely to present the stance of the public authorities. Policies are thus intended to camouflage disagreement and formulate principles that can unite actors, that is, they are often filled with empty signifiers. However, this does not mean that relations of difference are not constructed in policy documents, as we will see in the analysis.

In order to conduct a discourse analysis of the material, I started by identifying the text passages in my empirical material that contained statements about the nature of health and health promotion; that is, passages where actors defined health and health promotion and expressed their perceptions of and opinions about health and health promotion. I coded these chunks of data for analysis in NVivo (Bazeley and Jackson 2014). Afterwards, I searched the text passages for potential nodal points and coded them using the word or expression from the text. From this list, I identified a number of actual nodal points. In this process, I merged some of the potential nodal points as they revolved around the same idea and discarded others. I then returned to the text excerpts and examined how chains of equivalence and relations of differences were constructed around the nodal point. The chains of equivalence and relations of difference are presented in tables. The number of data sources where the chains of equivalence are present is indicated in the right column in the tables in order to show how prevalent the discourse in question is in the material.

Discourse analysis involves awareness of meaning and language. The data material for this dissertation is in Danish, and I conducted the discourse analysis on the original material in order to avoid the loss of information that analyzing an English translation would entail. However, for the dissertation, quotes and analysis have been translated. In cases where I felt that the English translation did not fully capture the nuances of the Danish word, I have tried to elaborate on the Danish wording either in the text or in a footnote.

6.2. Risk minimizing or promoting action competences? The meaning of health and health promotion in the perspective of the state

In this part of the chapter, I examine how the meaning of health and health promotion and prevention policies is constructed by the state in policy documents. These documents are included in the analysis in order to uncover how policies function as resources of meaning for the actors in the encounter. Policies do not only establish rules and regulations, they also construct meanings, and these meanings constrain and enable teachers and pupils to act and to construct and transform the meaning of health. I am thus not conceptualizing policies as actors but as resources of meanings that actors can draw on.

The analysis shows that these documents are dominated by two discourses: the biomedical and the health-pedagogical discourse. In the biomedical discourse, health signifies physical health, and health promotion signifies minimizing risks. In the health-pedagogical discourse, health signifies action competences, and health promotion signifies active and democratic participation. These two discourses co-exist in policy documents, as the passage from one of the policy documents in the empirical material below illustrates. The quote starts with WHO's definition of health as a broad and positive concept: Health is not just about the absence of disease; it is not just a medical, but also a psychological, social and cultural phenomenon. The text then goes on to state that the Danish health authorities measure health with data on average life expectancy, morbidity and mortality. In other words, it is stressed that health is not just about the absence of disease and not just a medical phenomenon, but health is still measured as morbidity and mortality:

Health is more than absence of disease; it also includes quality of life, wellbeing, welfare and ability. Health is not only a medical concept, but also a psychological, social and cultural concept. The seeds to our life-long health are sown in our childhood and youth in the way we live, what we eat, where we live, how active we are, our social interactions, etc. Health inspectors and the Danish Health Authority attempt to describe health via data on morbidity, average life expectancy, mortality and "healthy life years lost", etc. (The Danish Health Authority, 2011, policy document 1).

This quote seems to contain different understandings of health and health promotion in very few sentences: on the one hand, health is a broad and positive concept that encompasses a wide range of phenomena, and on the other hand, health is about morbidity and mortality. This shows how the two discourses and different meanings of health co-exist in the state's policies and

provide resources for actors to draw on when they discursively construct the meaning of health.

Although health and health promotion are ascribed very different meanings in the biomedical and the health-pedagogical discourse, I argue below that both discourses are an expression of the bio-political project of the state. They both contain the wish to optimize the citizens, to form capable individuals who can take control of their own lives and choose healthy lifestyles.

In the following, I analyze how health is constructed as the absence of disease and health promotion as the minimizing of risks within the biomedical discourse, and I examine how the meaning of health and health promotion is formed in the health-pedagogical discourse.

6.2.1. The biomedical discourse

In the policy documents, the words “risks” and “prevention” are often mentioned in various forms, e.g., prevention methods, prevention arenas, prevention areas, prevention of (overweight, infection, unwanted pregnancies etc.), risk minimizing etc. The idea of prevention as minimization or reduction of risks comes to function as a nodal point in these texts providing the frame for interpreting the text and fixing the meaning of the elements in the texts. At the same time, prevention of risks is constructed as the opposite of risks (risk factors, risky behavior etc.). The idea of risk (something negatively correlated with an outcome) is thus established as the opposite of prevention. The following quote provides an example for analyzing how this plays out:

Obesity has a major effect on children’s lives and well-being in schools and daycare institutions. Many obese children are subjected to bullying and feel left out. Childhood obesity increases the risk of developing eating disorders in adolescence. Severe childhood obesity is also linked to pre-type 2 diabetes. As adults and through their lives, the obese will face an increased risk of lifestyle diseases. ... Special initiatives on behalf of children who are already obese or who are at increased risk of becoming so are also needed. It is important that such initiatives are launched as early as possible before an alarming weight increase. ... Abolish offers of unhealthy things like soft drinks, candy and chips. Offer healthy dietary options in daycare institutions, schools and other places frequented by children in their spare time. Access to fresh drinking water is paramount. ... The municipal health service with health visitors, pediatricians and adolescent health specialists can function as the center of collaboration with children, parents, schools and institutions, general practitioners, and others, to facilitate early detection and assistance to children who are at risk of obesity ... The municipality will promote good hygiene, including a healthy indoor climate in institutions and schools via a hygiene policy. Good hygiene will reduce the spread of infectious diseases in daycare institutions and schools as well as the

risk of stressing children and adolescents with asthma and allergies. Moreover, good hygiene reduces sickness among the staff. ... Toilets, sinks, soap dispensers, paper towel dispensers and wastebaskets must be functioning and clean. These installations must be inspected and cleaned regularly, and cleaning should be prioritized according to need ... Even at “the best” schools, up to 25% of the children report that they have periods when they are not thriving, and at “the worst” schools, it is more than 60%. Bullying can be one cause, and approx. 10% of the children are bullied on a regular basis. Negative well-being affects the children’s social function, their learning capacity in school and their educational level later in life. In terms of health, negative well-being is associated with unhealthy habits like smoking, poor diet and alcohol abuse (The Danish Health Authority and the Danish Health Inspector, 2004, policy document 16).

Special intervention, early intervention, early detection and reducing risks are all terms that express the idea of prevention as risk reduction by intervention. For example, fresh drinking water in this context is about preventing negative health outcomes such as overweight. Likewise, sinks and soap dispensers become tools of prevention against contagious diseases. Well-being, which in the opening quote of this chapter was presented as the state of being healthy also becomes a tool to prevent unhealthiness. Well-being is a tool to prevent unhealthy habits such as drinking alcohol and smoking. Hence, in this context, well-being is not equal to health, but a method to prevent unhealthiness. A wide range of elements such as physical activity, sinks, fresh drinking water etc. come to mean health promotion because of their relation to the idea of risk prevention. The idea of risk prevention thus fixes the meaning of the statements in this text. In addition, sinks, physical activity, fresh drinking water become equivalent to each other.

In the text, risk is also constructed as the opposite of prevention; expressions like “increased risk”, “increasing risk”, “especially at risk” and “associated with risk” are mentioned several times as the phenomenon that needs to be countered by prevention. Overweight, anorexia, bullying, chips and candy become equivalent in that they constitute risks for the child’s future life. The table below displays the chains of equivalence and relations of difference that are being constructed in the policy material around the nodal point prevention.

Table 6.2: Chain of equivalence and relation of difference in the biomedical discourse

Nodal points	Chain of equivalence	In number of data sources/total number of data sources
Minimizing risks	Physical activity – diet – treatment – healthy food habits – free from smoke – stop smoking – well informed – birth control – sexual competences – sanitary installations – sinks – soap dispenser – paper towels – ventilation – cleaning – space – special initiative – healthy dietary offers – fresh water – early intervention – special intervention – well-being	24/40
≠	≠	
Risks	Overweight – eating disorder – type 2 diabetes – life style diseases – not thriving – bullying – feeling left out – unhealthy stuff – soda – candy – chips – physical inactivity – unwanted pregnancies – STDs – smoking – alcohol – addiction – hash – drugs	

As the table illustrates, the meaning of health is articulated as physical health. The focus is on illnesses and on food, substances and activities that physically affect the state of the body. The meaning of health promotion is constructed as preventing or minimizing risks or risky behavior that affects the child’s body. Children are constructed as subjects at risk, while authorities like the municipality, schools, daycares, school nurses etc. are constructed as “risk-minimizing agents”.

The analysis thus indicates that the policy documents are structured by a biomedical discourse. The meaning of health is fixed as physical health and the absence of risks, and the meaning of health promotion becomes a question of preventing and minimizing risks. In the following section, we see how health and health promotion acquire a different meaning as a particular relationship between teachers and pupils in the learning process or the knowledge production process of health promotion activities.

6.2.2. The health-pedagogical discourse

In some text passages, health and health promotion are constructed in opposition to the biomedical discourse presented above. In this health-pedagogical

discourse, health is not about the absence of disease but about action competences. Likewise, health promotion is not about minimizing and preventing risks but about promoting action competences. In this section, I show how this process of meaning making in opposition to the biomedical discourse takes form in the policies of the state.

There are other nodal points besides prevention and risk in the policy documents. “Action” is another a recurring idea, which provides a frame for interpreting the statements in the policies. In the following quote from the Common Goals for Health and Sexual Education and Domestic Science, the terms “action”, “participation” and “action competences” are mentioned several times and function as nodal points fixing the meaning of the elements in the text. Moreover, the idea of “passiveness” is constructed as the opposite of action and functions as the anti-pole of the nodal point action:

The purpose of health and sex education and domestic science is to teach the pupils to develop competences to promote health and well-being for themselves and others. In other words, the pupils will learn to develop action competences ... A key element in critical health education is that the teaching is action oriented, which means that the pupils are seen as competent actors in their own lives. They are not seen as passive recipients of knowledge about what do to but rather as active participants and co-creators of knowledge, norms and values. The pupils’ resources are taken seriously and used actively in the planning, implementation and evaluation of teaching in all grades. In action-oriented teaching, the teacher facilitates meaningful learning processes and opportunities for pupil participation. It is not the teacher’s job to communicate correct information and a specific set of opinions concerning health, sexuality and family life but rather to engage the pupils in exploring knowledge and values, taking a critical stance and considering own and common lines of action.
(The Ministry of Education, 2017, policy document 22)

A chain of equivalence and a relation of difference are constructed around these two nodal points and their oppositional relation to each other (see Table 6.3). For example, “communicating correct knowledge” in this context has a negative connotation because communicating correct knowledge equals making pupils passive. Another example is “meaningful learning process”, which in this context comes to signify active participation by pupils. In the text passage, a set of subject positions are formed, which are linked to either the nodal point “action” or the opposite, “the passive”. The ideal teacher is not a communicator of correct knowledge but a facilitator of knowledge production, and the ideal pupil is not a recipient of knowledge but a producer of knowledge and norms. These subject positions are not about who is healthy and who is unhealthy but about the roles of pupils and teachers in the process of knowledge production.

Table 6.3: Chain of equivalence and relation of difference in the health pedagogical discourse

Nodal points	Chain of equivalence	In number of data sources/ total number of data sources
Action	Visions – students as active social actors – pupils as agents of change – teachers as consultants – teachers as facilitators in processes of knowledge - involvement – co-determination – democracy – changes – transformations – wellbeing – life quality – positive health – meaningful	22/40
≠	≠	
Passive	Absence of illness – pupils as recipients of health education – teachers as providers of health information – communicating correct knowledge – risks – sickness – physical health	

As opposed to the biomedical discourse, health promotion is not about preventing risks, but about making children active participators and teachers facilitators of knowledge-making processes. The question of how to make children healthy becomes a question of how to make children active. The pupils are not potential “children at risk”, but instead there are potential “agents of change” and “active producers of health norms and health knowledge”.

The biomedical understanding of health as physical health and health promotion as risk minimizing is constructed as the exact opposite of health as action competences and health promotion as active participation. The data material thus points to a tension between the pedagogical health discourse and the biomedical health discourse in the policies of the state. In the biomedical perspective, health promotion is about communicating correct knowledge about (physical) health. Knowledge about health is produced by the medical science, and health promotion is a question of communicating this knowledge and avoiding the risk factors leading to unhealthiness. Health promotion in the pedagogical understanding is about correctly producing knowledge about health. Health is not just a medical concept but also a psychological, social and cultural concept. Medical science is hence not the sole producer of health knowledge, and health promotion becomes a question of how to correctly produce health knowledge, not about communicating correct knowledge.

6.2.3. Health and health promotion as a moral project of the state

The analysis of the policy documents shows how the diverging meanings of health and health promotion and prevention are articulated in policies. While the health-pedagogical discourse rather explicitly constructs the meaning of health and health promotion in opposition to the biomedical discourse, the biomedical discourse is not trying to resist the pedagogical-health discourse. This could indicate a specific relationship of power between these two discourses, but it is beyond the purpose of this dissertation to explore this further.

More importantly, despite their differences, both discourses can be seen as expressing the state's aim of optimizing the citizens either in terms of improving the physical and biological state of the population as a whole or by forming capable and active individuals. Even though the two discourses that co-exist in policies ascribe very different meanings to the notion of health and health promotion, they are both carriers of a biopolitical project of the state, as discussed in Chapter 3. Both these somewhat opposing notions of health and health promotion thus represent structures that constrain and enable teachers' and pupils' agency in the process of forming and transforming the meaning of health and health promotion policies. As we will see in the rest of the chapter, teachers and children do draw on the biomedical discourse in some situations when constructing the meaning of health and health policies. However, the health-pedagogical discourse is almost absent from the processes of meaning making among teachers and pupils. Instead, teachers and pupils draw on other resources when negotiating, opposing and transforming the biomedical health discourse.

6.3. Educating, civilizing or improving learning? The meaning of health and health promotion in the perspective of teachers

Our job is to civilize and educate the pupils. Academically but also in terms of culture. ... Of course, it is our job to tell the pupils how to live healthy lives. Or how to live healthy and balanced lives. And that it's healthy to exercise every day etc., but it's not, you know... that thing about physical activity during classes, that's something we've always done. Now it's just a legal requirement. So nothing new there. The pupils have always integrated movement in the school ... I think about giving them breaks for physical activity and brain breaks ... but I don't think about it in the context of exercise. I think about it in terms of promoting learning ... It is a learning tool ... it's not like we have physical education just to improve their physical fitness. We also do physical education to introduce them

to team sports and to defining rules and following them (Maiken, teacher at Sønderskolen).

In this quote, Maiken – a young teacher from Sønderskolen – is talking about how health features in her daily work as a teacher. It is interesting how she distinguishes between three ways in which health and health promotion should be a part of the encounter between the school and the pupil. First, a core task of the school is to educate the pupils, and therefore the teachers should inform the children about how to live a healthy life, inform them about healthy eating and exercise habits. Moreover, being physically active and having “brain breaks” should be a learning tool – a way to improve the learning process – in subjects such as Math, Danish etc. Finally, health should be part of the civilizing project: health promotion serves the function of teaching the children to make and follow rules and be part of a social community.

The quote thus illustrates how Maiken draws on different contexts or narratives when constructing the meaning of health and health promotion in the school. She is referring to the purpose of the school, namely to civilize and educate (“danne og uddanne”) as stated by the law. Maiken is thus drawing on formal legislation as a resource; she is drawing on the state-agent narrative, the legal-bureaucratic context when constructing the meaning of health and health promotion in her daily life as a teacher. When talking about health promotion as a learning tool, she is referring to her pedagogical professional knowledge and norms. Maiken is thus drawing on the professional context or the professional-agent narrative when ascribing meaning to health promotion. Moreover, when she elaborates on what the civilizing element of health promotion entails, she mentions learning to do team sports as a part of the civilizing process. When giving meaning to health in a civilizing perspective, she is not just drawing on the state-agent narrative (the legal-bureaucratic context) but also on her own personal norms about what constitutes civilized behavior and civilized exercise (that is, team sports). In other words, she is oriented towards the citizen-agent narrative.

Using the different contexts in the process of meaning making is not unique to Maiken. As the following analysis will show, teachers are acting as both state-agents, professional-agents and citizen-agents when constructing the meaning of health. In this section, I examine how teachers construct the meaning of health and health promotion and how they draw on the bureaucratic, professional and social context in this process. I identify two distinct health discourses among teachers: health as moderation and common sense and health as physical health. I argue that the meaning of health and health

promotion is constructed and transformed among the teachers when they encounter policies and pupils, and in this process, the teachers draw on different rules, resources and roles.

6.3.1. “I try to use my common sense”: health as common sense and moderation

In this section, I examine how teachers construct health as being about “common sense” and “moderation”. Likewise, health promotion in the school comes to mean “making the children sensible and moderate”. Here, health promotion thus primarily becomes a civilizing rather than an educating project for the teachers, and in this meaning making process the teachers mainly draw on norms and values rooted in their own personal and social background. Health is about everyday common sense and is constructed in opposition to scientific knowledge about health, as we will see in the following analysis.

Opposing the biomedical understanding of health: health as common sense

In the passage below, the teacher Bo is replying to my question about what health means to him. Throughout the quote, Bo refers to common sense when he explains his view on health: “I try to use my common sense”, “common sense and pragmatism”, “my point of departure is common sense”, “relax”, and “calm the hell down”. Common sense⁸ or the idea of the sensible and moderated hence becomes a consistent point of reference in this quote:

For me, the concept of health ... I mean, I see it as a form of health fascism that I don't really like ... if we take a meal, the most important thing has to be how it tastes, but flavor is very far down the list, because first we have to consider whether it's healthy ... there are so many restrictions, and we have to be soooooo careful. I think that is terrible. So, health ... I try to use my common sense when I think about health ... common sense and pragmatism. I mean, please – take it easy. Eating a lollipop or smoking a cigarette or drinking a beer is not going to kill you. Seriously, calm the hell down ... All this focus on exercise and food and being skinny ... I mean, everywhere you loo ... I think it's a shame. I want to turn them into whole people who are not obsessing about one thing. And I see some who are obsessing about health. I mean, way too much. Don't get me wrong, I'm

⁸ He uses the Danish expression “sund fornuft”, which means common sense, but would literally translate into “healthy reason”. In Danish, speaking of health as common sense hence entails the linguistic curiosity that the word *healthy* actually is part of the expression; speaking of health as common sense is speaking of health as healthy reason.

not saying that you shouldn't be healthy, right?! I know I have a little gut going, but my body is pretty normal. It's just that some of them become obsessed ... and that's bad ... So common sense is definitely my point of departure (Bo, teacher at Vesterskolen).

This reference to common sense, reason, sensibility, pragmatism and moderation is not unique to this passage or to Bo. In the following passage, Solveig, a female teacher in her late 30s, also talks about what health means to her. She describes that health is not just about diet and exercise but also about having a reasonable and moderate approach to life:

What does health mean to me? Offhand I would say that it means a lot. I've always eaten a healthy diet and exercised. But I've never been a fanatic ... without being fancy fancy, not at all, but sensible and fun ... I mean, it's important to feel good. Health and exercise are good, and health is good. But you can also feel good in other ways. Health is many things, and we discuss that too. You also become a healthy person by feeling good socially, feeling good about yourself, about your body and things like that, and by enjoying yourself. I don't promote that fitness-fitness idea. It doesn't match my pace (Solveig, teacher at Sønder-skolen).

In both quotes, the idea of reason, common sense and moderation comes to function as a nodal point in the text, structuring the passage and giving meaning to the various parts of the statement. If we solely look at the different words and expressions in the quote, for example flavor, lollipops, doing nice things, cigarettes, beers and whole person, we are not able to understand their meaning. Some of these exact same words were also present in the policy documents where they, because they were interpreted in the frame of risk prevention, came to mean risks and thus acquired the meaning unhealthy. In this context, however, they acquire a different meaning because of the interpretive frame that the nodal point "moderation" provides. Hence, eating a lollipop or doing nice things, which in another context could be considered unhealthy, actually becomes healthy. Eating a lollipop once in a while is "moderated behavior" (not risk behavior) and hence "healthy". At the same time, the different elements like eating a lollipop, smoking a cigarette and being a whole person also become equivalent to each other; they end up having the same meaning or referring to the same idea.

In the quotes, something is also constructed as the opposite of moderation. For example, Solveig contrasts reason or sensibility to "fanatic" and "fancy fancy": "I have always eaten sensible and exercised, but never been fanatic," she says, constructing a relation of difference between the reasonable, balanced and the plain and the fanatic and arrogant preoccupation with diet and

exercise. Bo talks about health fascism, restrictions, narrow-mindedness, obsessions, diet and exercise. These elements become equivalent because they all refer to health as physical or biomedical health.

If we look beyond these two quotes and analyze the entire empirical material with focus on the teachers’ perspective, this understanding of “what health is” (moderation) and “what it is not” (exclusively physical/biomedical health) is present in many statements. Table 6.4 shows the different elements that become equivalent to moderation and those that are contrasted to moderation and instead linked to physical/biomedical health throughout the empirical material.

Table 6.4: Chain of equivalence and relation of difference constructed around health as moderation and health as physical health

Nodal point	Chain of equivalence	In number of data sources/ total number of data sources
Health as moderation	Fun – coziness –being together- social competences – smoking a cigarette – the whole person – drinking a beer/red wine/whiskey – having a little but – tasting good – mental health – eating a lollipop – plain – ordinary – normal body – fun – being comfortable with oneself – being comfortable with one’s body – balance – common sense	9/9
#	#	
Physical health	Health fascism – insanely healthy – many restrictions – exercise – slimness – one-sided/narrow minded – obsessive – fanatic – boring – diet – eating bran – being miserable – fancy pancy – extreme stuff – uninteresting – imbalance – being afraid – fitness-fitness mindset – low self-esteem – self-conscious – stress – arrogant – academic – expensive – patronize	

The table shows that health comes to signify fun, coziness, being social, the ordinary and plain, drinking beer or red wine, eating cake etc., because these things are linked to moderation. This stands in opposition to the restrictive, obsessive, boring, narrow-minded focus on diet, slimness and exercise, which is also considered fanatic and slightly pretentious.

When teachers form the meaning of health in these situations, they do not draw on the biomedical discourse present in policies but actually construct

health in opposition to the understanding of health as physical health. Nor do they draw on the health-pedagogical discourse about health as action competences. Instead, the meaning they ascribe to health is rooted in “everyday common sense”. In other words, they draw on their own personal norms and ideas about health. They are acting as citizen-agents, defining health using resources, roles and rules that are rooted in their own personal and social background.

Even though the teachers throughout the material stress that health is not (just) physical health but something more or even the opposite of physical health, they still use the word “health” to signify exactly physical health in some situations. In the following passage, Ole, a teacher close to retirement, is talking about mental and physical health. He distinguishes between mental and physical health and actually constructs them as opposites. Being healthy entails a balance between mental and physical health. Mental as well as physical health are thus important aspects of life. However, being physically healthy and mentally healthy can be conflicting considerations:

Well, I agree with Bo about the mental and the physical. Because ... if they are not in sync ... then you get an imbalance. And that’s not good. So therefore ... it’s no use being incredibly healthy if you feel like crap (Ole, teacher at Vesterskolen).

What is interesting in this quote is that mental health is equivalent to “how you feel”, while physical health is equivalent to “health”. In this passage, the word “health” thus signifies physical health and not health in the sense common sense and moderation. This illustrates how teachers are still constrained by the biomedical discourse present in policies. The biomedical definition of health as physical health, which dominates policies, also structures the way the teachers construct health. However, even though Ole uses health to signify physical health, he still constructs (too much focus on) physical health as something negative. He links healthy to sickness (being insanely healthy). Being very healthy is insane or sick. Instead, the “true meaning of healthy” is being a bit unhealthy but feeling good, which is the moderate and morally correct way of living.

Not all teachers express this idea about the physical and the mental health being in conflict. Casper, a teacher in his early 30s, talks about physical health reinforcing mental health, but he still draws on his personal and social background and not on the biomedical understanding of health. Instead, he refers to his experiences and role as a working father:

In my opinion, physical health increases mental health, at least in my case ... I feel best if I can go running or go to the gym or do something else when I get home from work ... If I go for a run, well, that gives me energy to feel balanced;

to do other things. Kids. Family. Whereas if I've had a rough day and there's no time to get out and get some air or do something, then I think it cuts down on the energy it takes to be a dad (Casper, teacher at Vesterskolen).

This analysis thus indicates that teachers are mainly acting as citizen-agents when constructing the meaning of health as “everyday common sense and moderation”.

The construction of health as moderation in the encounter with policies and children

When constructing health as moderation and as the opposite of physical and biomedical health, the teachers also construct subject positions. They construct the position of the moderated and reasonable subject and the obsessive and unreasonable subject. For example, pupils are sometimes explicitly described as being too focused on health and not on other aspects of life, and in other instances the teachers express a lack of understanding of the children's ideas and behaviors, like the un-coolness of bringing a lunch box. The teachers thus construct the children as unreasonable because their norms are not sensible.

The teachers present themselves as the voice of moderation in the encounter with pupils and policies, nuancing and moderating things for the children. An example is the quote below:

This thing where they constantly measure and weigh each other with their eyes, you may start to think, OK, I've got some excess fat here and there and I want to lose weight, and then it just takes over all of a sudden ... and that's dangerous; I see that now. And everything they see around them doesn't make it easier. The people who try on the clothes they want, well, they're models with no fat on their bodies. So I think that's a big source. And then we have this fitness culture; it's not enough that you work out, you should also take all those 80,000 products. Because then you'll be extra thin ... yeah. That's an idea in our society that I think is really, really bad. That we think that we can't just work out, we also have to eat all that stuff to make it pay off ... I would talk to them if a pupil came and said they only eat this and this. Try to talk to them: Why do you choose to eat lactose-free products ... and I think it's important that we have this dialogue with them and talk to them about it. Because I think the parents probably don't. Especially not if the parents are health freaks. Seriously (Casper, teacher at Vesterskolen).

Casper wants to encourage the children to find a balance with regard to health. He is worried about the extreme view on diet, exercise and body ideals that is prevalent among children and among some parents. Hence, it is up to the teachers to be the voice of reason and nuance things for the pupils.

It is not just in the encounter with the pupils that teachers construct themselves as the voice of moderation; they also do it in the encounter with policies. In the following passage, Bo talks about the latest reform of the Danish Public School that made daily physical activity mandatory in the school. It is interesting how he links policies and initiatives based on research with the unreasonable, arrogant, expensive and narrow-minded, while the practice and experience of teachers are linked to the moderate and sensible:

It gets on my nerves when they patronize me. When I think I'm smarter than the tone of voice people use with me. Then I get a little annoyed. And I think that physical activity has become ... is designed in a way that I feel patronized. And which by the way has cost I don't know how many million, but anyway, if you take a walk and count how many wall bars and running tracks and other stuff that's been built and installed at the school and other things here and there where the children can do this and that and then multiply it to all schools in Denmark and then furthermore realize, oh wait, we don't really need it anyway because it's not at all what research shows. Research just shows that it's good for the children to get up and move some times during a day of sitting still ... Hello! We've known this since my dad was a little boy (Bo, teacher at Vesterskolen).

Bo draws on the discourse of moderation in order to construct himself and the teacher profession as having the knowledge and expertise to judge what is healthy for children. What is interesting here is that teachers articulate their professional role as teachers, as someone who has the authority to say something about the health of children and health promotion in schools, because of their legitimate position of authority within the school. They thus draw on their role as a professional when constructing the meaning of health in opposition to policies, pupils (and sometimes their families). However, the specific meaning that is ascribed to health or health promotion is not rooted in professional knowledge but in the teachers' personal norms and values. Teachers thus draw on the professional context when opposing the legal-bureaucratic context. They do this in order to use the legitimacy of the professional role to define health from the citizen-agent perspective.

In this section, I presented the argument that teachers construct health as moderation and in opposition to the understanding of health as biology and physiology. However, this is not the case in all situations. Sometimes teachers draw exactly on the physical and biomedical understanding of health, as we shall see in the following section.

6.3.2. “It is harmful to their health”: health as the physical state of the body

In some situations, the teachers actually draw on the biomedical discourse in meaning making processes around health. This is the case where health is constructed as the opposite of religious faith or pseudoscientific knowledge. This relation of difference between health as physical health and religious faith/pseudoscientific knowledge is not prevalent but it appears in some situations. One example is when teachers problematize religious faith by drawing on a biomedical health discourse to discuss the practice of fasting among Muslim children during the Ramadan. The following quote is from a focus group with four teachers in June in 2017 during the Ramadan:

Susanne: “Some of us have been in situations where we found it a bit frustrating. For instance, in gym class on a hot summer day and you can see that they’re struggling and then they can’t even drink a little water.”

Mathilde: “Do you have students who fast in your classes?”

Susanne: “Yes.”

Solveig: “Yes, in your class.”

Maiken: “We do too.”

Solveig: “Oh, that’s right.”

Leif: “Did Khadija fast?”

Maiken: “No.”

Mathilde: “But Nadin and Bilal did?”

Susanne: “I also think it’s really important that we have an opinion about it. But I don’t know how much we can influence them, but you speak out if you see something you think is harmful to their health.”

(Focus group with Leif, Charlotte, Maiken and Solveig, teachers at Sønder-skolen)

What is interesting here is the focus on the physiological state of the body. The teachers talk about how fasting affects the physical state of the children’s bodies; how the children are not allowed to drink water or eat on a hot summer day when they are physically active and how this is damaging to their health. In this quote, health comes to mean the physical state of the body, whereas health in the section above was constructed as something else – or at least something more. Religious faith is linked to restrictions, the fanatic, the unbalanced, health-damaging and narrow-minded (just as physical health was in the previous section) and thus the irrational and immoderate, while physical health here is linked to the moderate, reasonable and rational.

The table below illustrates the antagonistic relation that is constructed between health and religious faith in the empirical material and the chains of equivalence and relation of difference.

Table 6.5: Chain of equivalence and difference constructed around physical health and religious faith

Nodal points	Chain of equivalence	In number of data sources/ total number of data sources
Physical health	Drinking – eating – energy level – the teachers – the school – recommended diet – balanced- sensible – physically active – sports day – exercise	3/9
≠	≠	
Religious faith	Hungry – fasting- grey in the head – health damaging – not healthy – the family – not eating – not drinking – lack of concentration – religious law – dictating human life – not related to health – irrational/don't understand – unreasonable – narrow minded	

The table illustrates how some of the elements like exercise, which in the previous section became equivalent to narrow-minded and fanatic, now have a new meaning; they are now linked to health. Narrow-mindedness is now linked to religious faith.

The biomedical discourse that is prevalent in policies does not only constrain and limit the teachers but also enables them when they attribute meaning to the concept of health. The biomedical discourse in policies (and in society in general) functions as a resource for the teachers in the meaning making process in the encounter with pupils, more precisely in the encounter with ethnic minority pupils and their families. In these situations, teachers seem to act as state-agents carrying out the health project of the state. However, they still re-define the biomedical discourse in policies by re-constructing the relation of difference. The opposition is constructed between physical health and religious faith and not between risk minimizing/physical health and risks/risk behavior. They thus draw on policies but in order to pursue their own, situational, agenda.

Moreover, teachers draw on their role as teachers and the legitimacy and authority that the professional role provides for them as actors. For example, Susanne thinks it is important that the teachers have an opinion about fasting and express their opinion. She is not advocating for using the bureaucratic role and power to make formal rules. Instead, she is drawing on the role of the knowledgeable and professional teacher with an expert opinion that should be communicated to citizens. What precisely the opinion should be is not given

by the professional context but by the health policies and the biomedical understanding of health. However, the professional-agent narrative provides resources in terms of authority.

Teachers also draw on the biomedical discourse when they problematize various diets and the knowledge that the pupils' acquire on the internet. Similar to the discussion of religious practices, these diets and facts that pupils find online are constructed as irrational, unscientific, extreme and immoderate. In contrast, the scientific and biomedical understanding of health is constructed as moderate, reasonable and evidence-based. The table below displays the chains of equivalence and relations of difference that are formed in relation to the nodal points physical health and pseudoscience.

Table 6.6: Chain of equivalence and relation of difference

Nodal point	Chain of equivalence	In number of data sources/ total number of data sources
Physical health	Nutrition – eating varied – digestive system – educate – enlighten – critical mind – natural sciences – sensible – rational –	2/9
≠	≠	
Pseudoscience	Not eating carbs – paleo diet – trendy – diets – half truths – (uneducated) – (uncritical) – (irrational) – (insensible)	

Teachers thus also draw on the biomedical discourse in the encounter with “pseudoscience”. This construction of the meaning of health in opposition to pseudoscience is not very prevalent in the data material, as it is only articulated in two interviews. However, it is still an interesting process of meaning making because teachers in these situations both draw on the state-agent narrative and the professional-agent narrative, which not only co-exist but also complement each other. In the following example, Jakob, a male teacher from Sønderkolen in his 30s, talks about how health and health promotion appear in his daily work as a teachers. He constructs health by drawing on the biomedical discourse and his professional role as a natural science teacher:

Well, I teach biology, and we've just reviewed the whole digestive system, and nutrition is a natural part of that ... I'm not really in favor of following a specific diet where you avoid carbs or eat paleo food, or whatever else is in right now. I think it's much better to eat a balanced diet instead of eating one kind. And I

think my teaching, as we've done the digestive system, has reflected that, even though I obviously don't think that I should influence the pupils, but I think it's about enlightening them. And maybe sometimes because I think, due to my profession, that these popular diets propagate half truths ... I want them to be critical of things they encounter. And I think that one function of natural science is to equip them to function in this society where things move at a fast pace and to take a critical stance on things they encounter ... An ability to stop and look at the statements that are made. And if we get to the point where they can evaluate the sensible aspects of the things they encounter (Jakob, teacher at Sønder-skolen)

In this case, the state-agent narrative and professional-agent narrative not only co-exist but also complement each other. The biological and medical understanding of health fit the educating function of the school as stated in the law and the professional role of the teacher as someone who enlightens.

6.3.3. Constructing the meaning of health and the three bodies of teachers

Above I have argued that teachers form and transform the meaning of health and health promotion policies by drawing on different structures; discourses, rules, roles and resources that originate from different contexts, that is, from the bureaucratic, the professional and the social context. Teachers continuously form and transform the meaning of health and the meaning of health promotion in the school from situation to situation. In these meaning making processes, they are constrained but also enabled by policies, discourses in policies, rules, roles etc. By drawing on these different resources, teachers are capable of constructing and re-constructing the meaning of health strategically for the current situation.

The analysis shows that teachers to a large extent draw on the social context or citizen-agent narrative when they construct health as "the common sense of everyday life" and as "moderation". Health and health promotion become a civilizing project for the teachers because it transforms into a question of how to live life. Moderation becomes the ideal of the civilized, and here it filters into the daily practices of teachers working to promote the school's civilizing project.

I previously argued that health promotion is the state's moral and civilizing project aimed at forming capable and moldable individuals as well as optimizing the population. Teachers transform the meaning of the state's health promotion project, and it thus becomes about forming the child as moderated and guided by common sense. These norms and ideals are rooted in the teachers' own social and personal backgrounds.

Another interesting point is that teachers mainly draw on the professional context when they try to establish authority and legitimacy provided by the professional role of teacher. In other words, they do not (to a wide extent) draw on the professional-agent narrative to construct the meaning of health but to construct themselves as someone who can say something about health, as knowledgeable authorities. This leads to another point, namely the complete lack of teachers drawing on the health-pedagogical discourse that is present in policies that regulate and inform school life. This could be a conscious choice by teachers, but it is more likely that the health-pedagogical discourse has not (yet) become part of their everyday practices and exists somewhat isolated in policies and among scholars. When asked directly about these policies, most teachers replied that they had not read them since their time at teachers' college. This suggests that the written policies do not necessarily reach all teachers.

6.4. Slimness, fatness and “being too much”: the meaning of health in the perspective of children

This last part of the chapter examines how children construct the meaning of health. The analysis shows how the pupils transform the meaning of health as presented by the adults (teachers, policies etc.). Rather than adopt the definition and meanings that adults communicate, they draw on different discourses to construct the meaning of health.

I have identified two distinct understandings of health among children in the data material. First, drawing on the biomedical discourse, the pupils construct health as physical health and in opposition to physically unhealthy. However, they transform the meaning of physically healthy by linking it to appearance, that is, to being slim and beautiful (in opposition to fat and ugly). The meaning of physical health is thus transformed or dislocated, and health becomes a question of beauty.

Second, like teachers, children also draw on the moderation discourse and at the same time they transform it. When children say moderation, it also means that adults should mind their own business. The children draw on their role as children (social context) and the relation of opposition to adults. Health and health promotion are constructed as coercion, as something the grown-ups demand and that takes away the children's autonomy. Unhealthy behavior is thus associated with a rebellious act of taking back freedom, while healthy behavior is constructed as coercion.

In the following, I present and discuss how these different meanings of health are constructed among the children.

6.4.1. Health as physical health and appearance: transforming the meaning of physical health

Below is an example of a photo diary made by Maja, a 13-year-old girl at Sønderskolen. The photo diary shows episodes, activities and things from her everyday life that she associates with either healthy or unhealthy.

Figure 6.1: Example from photo diary



According to Maja, unhealthy signifies eating popcorn and sitting still in front of the computer, while healthy equals playing soccer and eating chicken and vegetables. For Maja, health is essentially a question of diet and physical activity. It is about “what goes into the body” and “what the body does”.

When the children talk about health in the empirical material, the topics that come up mainly revolve around physical activity and diet. They thus seem to be drawing on the understanding of health as physical health that is also present in policies. However, a closer look at the construction of the meaning of health reveals that the children are actually re-defining the meaning of physical health. In the material, slimness and fatness are constant points of reference when the children talk about health, as the statements below illustrate:

Well, I’m not fat so I must be doing something healthy (Mette, pupil at Vesterskolen)

We sometimes talk about who’s healthy and unhealthy. You know, who’s fat and so on (Silje, pupil at Vesterskolen)

He’s really healthy – he’s super skinny (Amanda, pupil at Vesterskolen)

The idea of slimness as opposed to fatness provides the frame for interpretation, for fixing the meaning of other elements. Playing soccer and eating vegetables are healthy activities because they are linked to slimness. Likewise, eating popcorn and sitting still in front of the computer is fattening and thus unhealthy. The table below illustrates the chain of equivalence constructed around the nodal point slimness and its opposite fatness.

Table 6.7: Chain of equivalence and relation of difference around the nodal points healthy and unhealthy

Nodal points	Chain of equivalence	In number of data sources/ total number of data sources
Slim	Eating vegetables – Eating fruit – Eating rye bread – Eating organic food – Playing soccer- Playing handball – Gluten free – Dehydrating food – Hot – Pretty – doing exercise – no candy – not so much candy – going for a walk – cycling – working out – popular – dehydrating food	30/30
≠	≠	
Fat	Eating candy – Eating junk food- Drinking soda – Watching Netflix – Playing computer- Being on the phone – Lying on the couch – Not eating – Not drinking water – eating popcorn – Eating for comfort – Disgusting fatty fat (“ulækkert fedme fedt”) – unpopular	

As the table shows, vegetables, rye bread, fruit, playing handball or soccer, dehydrating food and being pretty or hot acquire the same meaning for the pupils because they are all linked to slimness. Candy, junk food, playing computer, watching Netflix, etc. are linked to fatness and thereby acquire the meaning of unhealthy. Health is in a way understood as physical health, but the kind of physical health that is directly observable from the appearance – more precisely from the slimness of the body. Health becomes a question of looking healthy, that is, slim. Beauty and popularity are also associated with slimness. Health comes to signify beauty (and popularity) for the children, as demonstrated by the two girls Nina and Mille’s conversation about health:

Nina: “At least when me and Mille and Kirstine are together, we go, ohhh, now we’re going to be healthy.”

Mille: “Yeah, or we go running ...”

Nina: “Yeah, when we’re going to the beach ...”

Mille: “Yeah, then we have to be really skinny and hot.”

(Focus group with Mille, Nina, Jonas G and Rasmus K, pupils at Sønder skolen)

The children in this empirical setting thus construct health by drawing on the biomedical discourse and understanding of health as physical health (that is health is “what goes into the body” and “what the body does”). Similar to the

definitions of health that are present in policies and that teachers occasionally express, the pupils thus list physical activity, playing soccer, eating vegetables and rye bread etc. when they list healthy things and activities. However, the pupils re-construct and transform the meaning of physical health that is constructed in policies and among teachers. In policies, health and health promotion are constructed as prevention of risks (to physical health) in opposition to risks and risk behavior. Among the teachers, the relation of difference constructed was between physical health and religious faith or pseudoscientific facts (the irrational). The children re-interpret the meaning of physical health by making it a question of appearance, slimness and fatness, beauty and ugliness, popularity and unpopularity. They thus draw on existing discourses and understandings to engage in their own process of meaning making. They are both constrained and enabled to engage in the transformation of meaning by existing discourses.

In the following section, we will see a similar process where children by drawing on the teachers' understanding of health as common sense and moderation also construct a distinction between the extreme and the relaxed but still dislocate the meaning of moderation.

6.4.2. "We're just kids, we can take it": re-constructing the meaning of moderation

But sometimes I just do it. Then I think: "Hey, we're kids. We can take it." Because I just think it can get to be too much. "Oh, this is healthy, this is unhealthy" and so on. Then you just eat it. I do it a lot with McDonald's. Of course, I think I don't eat it very often, but then I'll eat it sometimes and then I think: "Hey, we're kids. We can eat a little bit" (Esther, pupil at Sønderskolen).

In this quote, Esther expresses the view that children should not think too much about what is healthy and unhealthy. In Esther's words "we're just kids, we can take it", meaning that doing unhealthy stuff occasionally is okay for children. She is expressing the view that being healthy is about moderation. Eating McDonald's occasionally is okay. Never eating McDonald's is being too much, that is, too focused on health. This view of health is often expressed among the children and resembles the teachers' understanding of health as common sense and moderation. Like the teachers, the children associate being too concerned with health with something bad. Sometimes they link an extreme focus on health to sickness, for example by telling stories about former classmates with anorexia or other eating disorders. Other times they talk about the importance of not forgetting other aspects of life such as friends:

Ok, so if you're all like "I'm gonna work out, and I'm gonna play soccer and I'm just gonna be really good at it." And then if you're like that, you can't really, if someone asks if you want to hang out today, you can say "no, I'm going to soccer". So no matter if you're being kind of healthy, then it's not good" (Nina, pupil at Sønderskolen).

The children thus seem to be drawing on the discourse of health as common sense and moderation and the idea about the civilized whole person. However, the analysis of the material reveals how children, while drawing on the idea of health as moderation, transform this meaning by articulating the moderated and relaxed as "being children". In other words, the children construct an opposition between childhood and "being too much". In the opening quote, for example, Esther refers to "being a child" who can "take it". This idea fixes the meaning of the other elements in the passage. For example, eating McDonald's comes to be associated with moderated or relaxed, that is, healthy; never eating McDonald's comes to be associated with the opposite that is, "being too much".

The idea of being a child who can "take it" is recurring in the material and comes to function as a nodal point providing a frame for understanding the pupils' statements about health. Moreover, the idea of "being too much" is constructed as the opposition to "being a child", and a chain of equivalence is also constructed around this point of reference. The table below illustrates the chain of equivalence and relation of difference constructed around the nodal points "being a child" and "being too much".

Table 6.8: Chain of equivalence and relation of difference “being a child” and “being too much”

Nodal points	Chains of equivalence	In number of data sources/ total number of data sources
Being a child	Eating McDonalds – eating candy – hanging out with friends – being social – a mix of everything – enjoying life – “have det lidt lækkert” – Netflix – fun – crisps – chocolate – going to the supermarket – Youtube – internet – friends – eating your lunchbox	30/30
≠	≠	
”Being too much”	Not eating – anorexia – eating disorders – running around – never relaxing – never sitting down – very skinny – not eating lunchbox – not eating breakfast – not having time to hang out with friends – exercising – adults – parents – teachers – eating vegetables – physical activity – boring – major bummer – ridiculous– embarrassing – running – vegetable juice – ginger shots – white radishes – eating what is put on the table – having to do stuff	

The table illustrates that many of the elements the children in other situations ascribe negative value to, such as eating candy and McDonald’s, here acquire positive connotations because they are linked to the idea of being a child. Likewise, some of the elements that we saw linked to slimness and thus had positive value in the previous section (such as eating vegetables) are ascribed negative value because they are connected to the nodal point “being too much”. The pupils thus ascribe a very different meaning to the concept of health than the meaning of health as slimness.

When constructing health as “not being too much”, but as “being a child”, they draw on the discourse of health as moderation, but they still transform the meaning. This is particularly visible when they link adults to “being too much”, as in the following example:

Andrea: “Well, if they (parents) find candy wrappers in my room, they start a major discussion.”

Mathilde: “OK, so they don’t want you to eat too much candy?”

Andrea: “No.”

Mathilde: “But then you tell them to mind their own business or what?”

Andrea: “Most times I slam the door in their face.”

(Focus group with Andrea, Selma, Lise and Sille, pupils at Sønderskolen)

In this quote from a focus group with four girls, Andrea and the other girls are talking about when and how they talk about health with their parents. These talks often take the form of disputes for Andrea and her parents. The parents think Andrea eats too much candy; Andrea slams the door in their faces. This quote makes an interesting point, namely that adults and especially parents are often associated with “being too much”. Being a child is about having fun, doing what you like, which also involves eating unhealthy stuff and watching Netflix. It involves autonomy and freedom from the rules of grown-ups. The understanding of health as moderation is re-interpreted by the children to mean “acting like a child”.

6.4.3. The agency of children in transforming the meaning of health and health promotion

Children engage in the construction and transformation of the meaning of health. In this process, they draw on the biomedical discourse as well as the health as moderation discourse, but they transform or dislocate the meaning. The biomedical understanding of health as physical health becomes redefined to physical health as slimness. Health becomes a question of appearance. Moreover, the children draw on the discourse of health as moderation and common sense when they ascribe meaning to the concept of health. However, in this process, they also draw on their social role as children and construct an opposition between “being a child” who is being moderated and “being too much”, which involves extreme focus on health as well as rules and demands.

6.5. Transforming the meaning of policies

In this chapter, I have examined the question: How is the meaning of health and health promotion policies constructed and transformed in the encounter between policies, teachers and pupils? The analysis shows that health is ascribed many different meanings by different actors in different situations. In other words, health is a highly valorized, empty signifier with no stable meaning.

Rather than adopt the definitions of health put forward by the state, teachers and pupils engage in the process of meaning making. The meaning of health is constructed and re-constructed in this empirical setting. In this process, teachers and pupils draw on different resources, roles and rules. Teachers act as state-agents, professional-agents and citizen-agent when constructing the meaning of health. Likewise, pupils draw on different resources and roles when they re-interpret the meaning of health that the adults deliver to them.

Health promotion constitutes a moral project of the state: to optimize the population and form capable, compliant and moldable individuals. However, teachers do not automatically take over the project of the state. Instead, they re-define the meaning of health and health promotion. The analysis shows how the project to a wide extent becomes a civilizing and moral project of the teachers. It becomes a civilizing project with the aim of forming moderate children, who are guided by the common sense of everyday life. Even though the children also draw on an understanding of health as moderation, that is, the civilized ideal of the teachers and the school, they also draw on other roles and oppose the adults. Moreover, they draw on the biomedical understanding of health as physical health but dislocate the meaning so physical health becomes linked to appearance, slimness and popularity.

This analysis helps us understand what goes on when health promotion and prevention policies encounter everyday life in the schools. Health promotion policies are not just being delivered. The implementation process is not just about carrying out policies but about negotiating and redefining the meaning and aim of policies. In the following chapter, I shift my focus to how identities – more precisely risk identities – are constructed and transformed in the encounter between health promotion policies, teachers and pupils.

Chapter 7.

Constructing and transforming risk identities

In the previous chapter, I examined how the meaning of health and health promotion policies was formed and transformed, using discourse analysis as an analytical grip. Discourse analysis focuses on how certain words, phenomena and concepts are ascribed meaning and thus allows us to uncover the meaning that actors associate with health as well as the resources they implicitly draw on when constructing the meaning of health.

In this and the following chapter, I shift focus and examine how identities are formed and transformed in the encounter. The analysis of identity formation and transformation is divided into two parts. In this chapter, I examine how identities are constructed on a discursive level in the form of categories that orient the actors in everyday life when they classify the individuals they encounter. I aim to uncover how risk identities as mental constructs (as categories) are constructed and transformed in the encounter between health promotion policies, teachers and pupils. I thus focus on identifying which kinds of risk identities are present in the encounter as well as the underlying logic that actors draw on when constructing and employing these identities. I use categorization analysis, which has a different perspective on the meaning making process than discourse analysis. Categorization analysis is an analytical grip that seeks to clarify the classification schemes that guide individuals in everyday life as they try to “put a fix on people” and make sense of them. Categorization analysis draws our attention to the principles for inclusion and exclusion of a category and is therefore a good tool to analyze what a risk identity actually entails. What are the characteristics of a child at risk in this case and what are the underlying logics of the interpretation of a child as a child at risk?

The next chapter examines how risk and non-risk identities are constructed, negotiated and performed in the interaction and thus focuses on identities as enacted instead of identities as mental constructs.

Overall this chapter shows that policies, teachers and pupils all construct risk identities by drawing on perceptions of health and causal explanations or health risks rooted in biomedical understandings. However, they also “fill in” or “specify” the risk identities by drawing on everyday life and common sense ideas about the characteristics of different social categories of people. In other words, risk identities are also rooted in the social context. At the same time,

health becomes a social category, a way to differentiate between children in the everyday school life.

Moreover, I argue that the prospective character of the problem that health promotion and prevention policies are aimed at solving leads a wide range of identities to be problematized, since they only have to be potentially related to a health problem, they only need to constitute a risk. They are risk identities rather than problem identities. Before turning to the analysis, I present the analytical strategy employed in the categorization analysis.

7.1. Analyzing categories and categorization

Categories are human mental constructs ... They are intellectual boundaries we put on the world in order to help us apprehend it and live in an orderly way ... nature doesn't have categories; people do (Stone 1997, 307).

Categories are social constructions that entail and reflect a set of ideas about the phenomenon in question. Categories highlight elements or characteristics that are believed to be similar within the boundaries of the category and at the same time they highlight the differences from the elements outside these boundaries (Yanow 2000, 48-50). Categorization thus concerns the grouping of objects based on similarity and difference and thereby defines the organizing principle of the category that is the principle for inclusion and exclusion of the category (Lakoff 1991, Yanow 2003, Jenkins 2014). This organizing principle is often implicit, that is, based on tacit knowledge. Categorization entails that the agent makes an interpretative choice to decide whether something or someone belongs to a category or not, and categorization analysis examines this interpretative choice and its underlying logic (Yanow 2000, 48-57). Categorizing people thus involves grouping individuals based on certain (implicit) criteria. Such categories can be associated with causal stories, that is, ideas about how individuals' situations are caused by human action and subject to human intervention (Stone 1989). Causal stories present an empirical explanation of the individual's situation, that is, they state a mechanism leading to the conditions in question. Causal stories also entail assigning responsibility for the situation to individuals or groups of individuals. Hence, causal stories entail both an empirical and a moral dimension (Stone 1989, 283).

In order to examine how actors construct categories as well as the categorization practice of actors in an empirical setting, it is necessary first of all to uncover which categories are used and constructed in the empirical material. Second, it is necessary to clarify this organizing principle for inclusion and ex-

clusion of the categories, which is often implicit or tacit. Finally, the relationship between the category in question and other categories should also be analyzed (Yanow 2000, 51)

As mentioned in the introduction to this chapter, this analysis aims to uncover how the actors in the empirical setting of this study construct children as being at risk in relation to health. I am hence interested in which categories of risk – risk identities – are constructed in this empirical setting and in uncovering the organizing principle for the category, that is, examine what the principle for inclusion and exclusion of the risk identity is. This also entails examining the causal stories, that is, the explanations and ideas about intention, behavior and responsibility of individuals and groups of individuals.

In the analysis of the data, I thus started with identifying the categories that are present in the material and afterwards examined the logic of the categories and how they relate to each other.

7.1.1. Data sources

The material that forms the basis of this analysis consists of the policy documents, the transcribed semi-structured interviews and focus group interviews as well as my field notes. The material differs in character and the way categories appear. Policies are mainly concerned with constructing categories, or more precisely the target group of policies. Target groups can be defined as the individuals or groups of individuals that are described and made the subject of political intervention in policies (Ingram and Schneider 1991, 334). Political intervention can take the form of service delivery, regulation and sanctions (*ibid.*). In the analysis of policy documents, I thus focus on identifying the target groups of health promotion and prevention policies, the principle for inclusion in the target group as well as the ideas about the characteristics, behavior and responsibility of individuals belonging to the target group, that is, the causal stories associated with the risk identities.

In the other data source, categories are not only being constructed but also used to classify individuals. In these parts of the empirical material, I thus look at both the construction of categories as well as the categorization practice (categories as used). However, my main focus is on the construction of risk identities, that is, on the construction of risk identities as mental constructs (categories), which functions as a diagnosis that can be used when making sense of a child's health. Similar to the analysis of policy documents, this entails examining the explanations or causal stories associated to the risk identities. This analysis is not aimed at mapping how every individual child in this study is classified but at uncovering the logics and mechanisms underlying the construction and use of categories.

7.1.2. The coding process

The coding process for this analysis reflects the abductive logic that has guided the research process. Based on the initial open coding (see the methodological chapter) as well as existing literature, I developed three initial coding schemes for the categorization analysis: one for the policy documents, one for capturing the perspective of teachers and one for analyzing the view of pupils. This initial coding scheme was focused on identifying passages where health categories were articulated and where other categories of children were mentioned. After this initial focused coding, I examined the codes and identified the “risk identities” constructed and used by policies, teachers and pupils. I then redefined the coding scheme so it included the risk identities as well as other identities that were prevalent in the material, such as gender, ethnicity, social class, peer groups etc. (Saldaña 2016)(see appendix for final coding list). I maintained the three distinct coding schemes for capturing the perspective of policies, teachers and pupils. Moreover, I kept an “other” code in order to maintain an open mind to new insights.

After this process, I examined how the different categories appeared together in the material.⁹ This allowed me to analyze how the risk identities were specified by the actors by drawing on other identity categories. Afterwards I went through the text passages where the categories were articulated together in order to examine how the relationship between the categories was constructed.

7.1.3. Displays

I use displays in the analysis and in the presentation of the findings. Displays are “visual formats that present information systematically so the user can draw conclusions” (Miles, Huberman et al. 2014, 108). Working displays were used to identify patterns in the data. Below is an example of a working display illustrating how teachers talk about children’s health.

⁹ For this analysis, I used the matrix queries function in NVivo.

Display 7.1: Example of working display

	Risk		
	Not risk	Over healthy	Unhealthy
Diet	“Real food”	Eating extremely healthy Eating bran	Eating candy Drinking soda Eating fast food Anorexia, bulimia
Physical activity	Team sports Exercise Fresh air	Extreme exercise	Playing computer Sleep deprived
Mental state	Self-esteem Social Having fun Doing cozy stuff Fresh air Team sports	Being obsessive about health	Shyness No friends Being anxious Being stressed Sleep-deprived Anorexia, bulimia
Appearance	Normal weight	Very slim	Chubby Fat Overweight Thin

In this chapter, I also use displays to present the findings in a clear manner. The displays are all composed in accordance with relevant criteria, namely authenticity, inclusion and transparency. The authenticity criterion involves that data has not been altered but is represented in its authentic form. The inclusion criterion entails that all data falling within the scope of the display, also contradictory findings, is included. The transparency criterion implies that the display is readable and comprehensible for the reader (Dahler-Larsen 2005).

7.2. “Children with special needs”: the construction of risk identities in policies

In this part of the chapter, I examine how risk identities are constructed in health promotion and prevention policies aimed at children and young people in schools. The aim of this analysis is to uncover how children are constructed

to be at risk. More specifically, I ask who is the target group of these policies, and what is the underlying principle of inclusion and exclusion of the target group. The purpose of including the analysis of how the target group (or the risk identities) are constructed in policies is to uncover how these policies may provide resources of meaning that teachers and pupils can draw on when they construct and re-construct risk identities in everyday encounters within the school. As in the preceding chapter, the analysis of policies is therefore not intended to stand alone but to serve as a basis for analyzing the construction of risk identities among teachers and children.

In the following, I start by identifying the risk identities that are constructed in policies, namely “children with special needs”. I argue that this category is very vaguely defined and examine how this risk identity instead finds its clearest definition in relation to a diverse range of other categories such as overweight children, ethnic minorities etc. This part of the chapter concludes by arguing that policies construct risk identities by drawing on biomedical understandings and explanations as well as everyday life and common sense ideas about social categories.

7.2.1. Constructing children with special needs

Overall, the policy documents distinguish between “children with general needs” and “children with special needs”. The health legislation states that the municipalities are supposed to offer all children (including children with general needs) individually oriented health promotion and prevention services and additional health initiatives to children with special needs. The Danish Health Act, consolidating act No. 1188 of 24 September 2016 states that the purpose of the preventive health services for children and adolescents is to contribute to ensuring children and adolescents a healthy childhood and adolescence and create a good foundation for a healthy adult life. The municipality fulfills these objectives by:

- offering general health-promoting and disease-preventing initiatives to the target group
- offering individually targeted initiatives to all children and adolescents via free health guidance, assistance and functional examinations until compulsory education is completed
- offering all children and adolescents with special needs an increased effort until compulsory education is completed

(Act No. 1188 of 24/09/2016, policy document 39)

The target group of health promotion and prevention policies in this area is thus all children, but some children – those with special needs – constitute the target group of the additional health measures, and frontline workers should pay particular attention to them. In the policy documents, children with special needs are constructed as “children at risk”. In other words, children with special needs are the risk identity present in policies.

The question is, who are the children with special needs? Who is included in this category, and who is not? What is the organizing principle of this category? The answers to these questions are not straightforward. The display below illustrates how children with special needs are presented in the policy material.

Display 7.2: The category “children with special needs” in the policy documents

	Examples	Sources/total number of sources	Number of references
Children with special needs	<p>The method “You decide” seems especially suited and well-founded for children with special needs, who in particular need support to develop their actions competence in relation to health. (The Danish Health Authority, 2009, Policy document 4)</p> <p>... this is especially true and more far-reaching for the group of children and adolescents who are at risk both socially and health-wise and therefore need special assistance.</p> <p>... offers all children and adolescents with special needs extra assistance until compulsory education is completed ...</p> <p>... founds an interdisciplinary group that is responsible for furthering the individual child’s development, health and well-being, and to a sufficient extent establishes contacts to medical, psychological and other expertise in relation to children and adolescents with special needs. (The Danish Health Authority, 2011, Policy document 1)</p>	19/40	117

As the table illustrates, children with special needs as a category are not clearly defined or demarcated. Instead, children with special needs are presented as the target group for special attention in the policy documents, but this category seems to be defined somewhat tautologically by the need to launch special health initiatives directed at this group. Hence, a child with special needs is a child that needs additional health services and is thus a category with very unclear principles for inclusion and exclusion. Other scholars have discussed the construction of target groups in Danish prevention and early intervention policies and have likewise made the point that the target group for these policies becomes the somewhat empty category “children with special needs” (Harrits and Østergaard Møller 2012).

7.2.2. Specifying children with special needs

“Children with special needs” finds its clearest definition when other categories of children with concrete health problems (e.g., obesity, psychiatric or medical diagnoses) or health behaviors (e.g., smoking, drinking) are mentioned. The risk categories mentioned are rooted in the biomedical understanding of health and defined by the child’s health behavior or health state. However, the specific risk categories can also be general social categories such as ethnic minority children, children from lower social classes, children of alcoholics or drug addicts, girls etc. These categories are not rooted in the biomedical understanding of health but are social categories, which are part of everyday life identifications.

All of the categories above classify children to belong in the category of special needs and additional interventions. The table below displays the most widely used categories in the policy documents used to construct the target group:

Display 7.3: Other risk categories in the data material

	Category	References	Sources/total number of sources
Categories based on specific problems	Overweight children	256	14/40
	Stressed children	38	2/40
	Children who smoke, drink, use drugs	15	4/40
	Children who are not thriving	7	4/40
	Children with medical or psychiatric diagnoses	6	5/40
General social categories	Ethnic minority children	91	12/40
	Low socioeconomic status	135	18/40
	Gender	600	25/40
	Children of addicts	8	3/40

The question is what the general organizing principle for the risk categories is. In other words, what defines a child at risk of developing health problems in the future?

In general, the children in these categories have in common that they have a higher probability of developing health problems. The risk categories are thus based on a statistical correlation between the category and health problems. For example, ethnic minority children have a higher likelihood of developing obesity, and being an ethnic minority child thus constitutes a risk and is constructed as a risk identity. Likewise, stress is more widespread among girls, and therefore being a girl is in this regard also a risk. Unhealthy eating habits are more prevalent among children from lower social classes, and being a child from a lower class family thus also constitutes a risk identity.

The analysis illustrates that when policies are aimed at prospective problems and centered on identifying risks, a wide range of categories of children become risk identities. In addition to categories that concern health behavior or the state of health of children, general social categories, which are not per se related to health, also constitute risk identities because they imply an increased probability of developing health problems.

The policies also contain ideas about causal explanations. They contain more or less explicit explanations of the linkage between belonging to a category, a child's characteristic and how belonging to a category poses a potential threat to the child's (future) health. The following quote is an example of such a causal explanation:

70 % of overweight adolescents will be overweight as adults. Children with overweight parents are more likely to develop severe obesity, which may be related to genetic factors as well as to the family's diet and exercise habits. Prevention and treatment of obesity in children and adolescents thus prevents adult obesity (The Danish Health Authority and the Danish Health Inspector, 2004, policy document 16).

The quote starts by pointing out that overweight children are likely to develop overweight as adults as well. Being an overweight child thus constitutes a risk for the child's future health state because of the probabilistic relation between childhood overweight and adult overweight. Moreover, causal mechanisms for overweight among children are articulated in the passage. These biomedical explanations revolve around dietary habits, physical activity levels and genetic explanations. The risk identities and the causal explanations they carry with them thus provide resources of meaning for teachers and pupils to draw on when they form and transform risk identities in their everyday life. However, the risk identities and causal explanations constructed in policies are not only rooted in biomedical understandings of health and risk. The following quote illustrates how overweight as a risk identity is also articulated in relation to social class:

Overweight is most prevalent among socially and socioeconomically disadvantaged children. Especially in families where the parents have a short education. In a family with low socioeconomic status, bad habits in the form of unhealthy diet and physical inactivity may be correlated with conflictual everyday lives, stress, divorce, physical disability or sickness, poor living conditions, work-related problems, etc. Due to different problems, the child may not be seen, heard or understood, and the family may not have the energy to prioritize or establish and maintain healthy everyday habits (The Danish Health Authority, 2014, policy document 5)

This passage starts out by ascertaining that overweight is more frequent among children from lower social classes. Being an under-class child is thus constructed as a risk identity. Moreover, a causal explanation is presented: families with few resources can experience conflicts, stress, divorce, poor working and living conditions etc. The explanation in the quote is that these families have less energy to take care of children and establish healthy habits

in everyday life. In the construction of the lower class child as a risk identity, policies draw on different general social categories and common sense understandings, and not only on biomedical understandings.

The two quotes illustrate how risk identities are constructed by drawing on biomedical as well as social categories and how risk identities are linked together. All categories in Table 7.3 are directly articulated as risk categories. This means that being an ethnic minority child is per se a risk factor, being a child of an alcoholic parent is per se a risk factor etc. Further, the categories often overlap, so that for example being overweight is articulated together with being an ethnic minority child or from a lower social class.

7.2.3. Risk identities and the prospective character of health promotion policies

Children with special needs should be the target of special interventions. At the same time, the category of children with special needs is defined as children who are in need of special interventions. The risk identity “children with special needs” is thus a vague category, which is filled with meaning in relation to other categories with clearer principles for inclusion and exclusion. These can be categories related to specific health problems or health behaviors that draw on a biomedical understanding of health and risks to physical health, for example overweight. These risk identities are associated with causal stories about the relation between the risk identity and potential future health problems. The specific risk identities can also be general social categories such as gender, social class and ethnicity. These also carry causal stories or explanations but are rooted in common sense understandings of the social identities in question, their characteristics and behaviors.

In general, the risk identities in policy materials are all constructed as deserving, following the implicit logic that children in general are perceived to be deserving. The children are thus not blamed for being at risk. However, in some instances the risk identities still involve evaluations of the children’s families, for example when the parents’ ability to care for the children is mentioned as a potential risk to children’s health:

As far as the adolescents’ perception of their parents’ interest in their well-being, there is a larger share with high stress levels among adolescents who only experience that their parents care sometimes or never (National Institute of Public Health, 2017, policy document 17).

By stressing the statistical correlation between parents’ lack of interest in their children and the children’s mental health, the policies implicitly give an explanation, a mechanism that causes stress among children and young people. However, the quote also contains a moral dimension, blaming parents for not

caring enough about their children and thereby causing mental health problems. Linking the child's family background to risk is also something that teachers do, as the following section will show.

7.3. Constructing risk identities as a moral project: the perspective of the teachers

So I can go teach for 30 seconds ... 30 minutes ... in 1C, and afterwards I can say, you'll have issues, you'll have issues, you'll have issues, you'll have issues [with health]. But I can't do anything about it because the problem is often at home with the parents. And that's frustrating.
(Bo, teacher at Vesterskolen)

This quote is from an interview I conducted with a teacher at Vesterskolen. Even though it is a short statement, it says a lot about how this teacher makes sense of the pupils' health. It indicates that he as a teacher keeps an eye on the children's health. He regards himself as someone who has knowledge about which pupils will go on to lead healthy lives and which pupils will develop health problems. In other words, he can identify "children at risk" in a few seconds. He also points to the root of the potential problem, namely at "at home with the parents". It has to do with characteristics of the individual child and his or her family. The question is what characteristics put a child at risk in the teachers' perspective. Why are some children at risk and not others? In other words, how are risk and non-risk identities constructed among teachers in the encounter with policies and pupils? These are the questions that I focus on in this section.

The analysis is divided into two parts. First, I identify the categories that teachers construct and draw on when making sense of the pupils' health. The analysis shows that teachers distinguish between healthy children (those who are not at risk) and potentially not healthy children (those who are at risk). I argue that teachers construct and employ two risk identities when classifying children as "at risk": "the unrestrained child" and "the constrained child". I further argue that teachers to a wide extent draw on the citizen-agent narrative to construct these risk identities and classify the children. This becomes more apparent in the second part of this section, where I examine how the teachers construct risk identities informed by the other identities of the children such as "the unrestrained under-class child", "the constrained upper-class child", "the unrestrained ethnic minority child" etc. This analysis thus shows how the risk identities constructed by teachers are informed by other social categories or identities of the child such as social class, ethnicity and gender, similar to what we see in the policy documents. My material does not allow me to say

whether the teachers more often experience for example lower class children exhibiting unrestrained health behavior. However, I can see how the teachers on a discursive level link these two identities when they construct risk identities.

7.2.1. The constrained child and the unrestrained child as risk identities

When the teachers talk about the pupils' health, they bring up several types of behaviors, characteristics etc. as problematic, that is, as signs they notice and keep an eye on. These signs could be if a child is shy, eats a lot of candy or fast food, never brings lunch from home, looks overweight or underweight, plays a lot of computer instead of hanging out with friends and being outside. Never eating candy but only healthy things or excessive exercising are also mentioned as cues that make teachers worried about a child's health because the lifestyle is "too healthy". In comparison, the healthy child is social, has high self-esteem, eats normal food, does team sports (like soccer or team handball), plays in the fresh air and is not too fat or too thin.

The question is what all these elements that teachers regard as signs of risk have in common. What are the risk identities constructed by teachers and what are the principles for inclusion and exclusion? I argue that all these elements that teachers classify as a risk share the common trait that they represent excess as opposed to moderation. In the previous chapter, we saw how the teachers constructed the meaning of health as moderation and common sense, and health thus acquired a moral character. In this analysis, a similar picture uncovers how being at risk becomes a question of being excessive in relation to health. Being at risk is thus less about the child's actual behavior or health but about the personality traits these behaviors represent according to teachers. It becomes a question of the identity and moral worth, or the deservingness of the child and their families.

I argue that teachers construct two risk identities in relation to health that are both excessive: the constrained child and the unrestrained child. I will illustrate these risk identities with the following story from my field notes about Sille, a 13-year-old girl from Sønderskolen.

Field notes, May 2016, Sønderskolen

I knew Sille's name after spending less than five minutes in 6B. She was a blond girl with tanned skin. Athletic, not very tall, and with a small turned-up nose. Sille was very interested in me. She asked me lots of questions about my age, what clothes I liked to buy, what I did in my spare time. Susanne, the teacher, hushed her several times during the first lesson I spent in class. Sille talked back at her. Her best friend in class was Christine; a slender girl with blond curls, zits and braces. Christine did not like sports. She preferred to stay at home and watch

Netflix. Sille once said that it was kind of weird that they were such good friends when she loved sports and Christine did not. Sille played tennis several times a week and often spent recess on the soccer field with the others. Sometimes she played; other times she goofed around with Christine or sat in the grass and chatted with some of the girls. One day, their math and gym teacher Leif said to me: “Sille. Such an individual sport. Plays tennis. And at elite level so she practices and practices and practices. And is struggling with the social aspect. It is so obvious that the kids who play team sports they do well socially; she struggles. It’s very odd. If she played team handball, she would be a completely different girl, I think.”

This story about Sille captures what I argue are the two risk identities that teachers construct and draw on when they interpret the health of the children. Even though Sille is physically active and fit, she doesn’t do the right form of physical exercise. Instead of doing team sports, she plays tennis – an individual sport. According to the teacher, this means that she has problems with “sociality”. She lacks the social competences that she would have if she instead of playing tennis had played team handball. She is unrestrained in her social behavior. She is loud, self-centered and always drawing attention to herself. Moreover, she doesn’t do sports the right way, as she practices tennis on elite level. She practices and practices and practices, as Leif points out, indicating that she is slightly excessive with her sport. In this sense, she is constrained. She doesn’t allow herself a break from physical activity. She has problems with sociality, as she is not capable of restraining herself in social situations. Moreover, she is too focused on her sports. In this sense she is constrained because she does not allow herself to relax. Sille is thus both “an unrestrained child” and “a constrained child”. This also illustrates that excessiveness can be about physical health but also about sociality. Risk identities are thus not only transformed from being about statistical risk to being about the moral character of the child, but also from being about the physical and emotional state of the child, to being about how the child interacts with others, that is, the social character of the child. In the following, I further examine the construction of these two risk identities.

The unrestrained child as a risk identity

Being unrestrained involves an inability to control one’s behavior, for example eating (candy, junk food or just food), as in the following example where the teacher Susanne is talking about Lucia, whose health she worries about:

We could see that she ate extreme amounts of food. And when there was cake and domestic science, she simply had no limits. It was almost vulgar. She was extremely focused on eating. And then we actually noticed something. One of the

girls said in domestic science that she went to the bathroom a lot. And we started noticing it too. Afterwards we had a meeting with her parents where she actually didn't show up. Her mother had told her not to come because her mother wanted to tell us that she was very unhappy in the class at the time. And her mother was obviously aware that she had gained weight. And we talked a lot about her weight and we mentioned that she left the classroom every now and then without saying that that meant anything, but we just wanted you to be aware of it. So we somehow turned her around so that she felt a lot better emotionally. But she kept gaining weight. So they had a private conversation with the school nurse where focus was kind of on her, or was on her. So they had personal counseling. But still. She dances and dances and dances, and she dances at advanced level. But still eats too much, that has to be it because she is still a chubby little thing.
(Susanne, teacher at Sønderskolen)

There are several signs in the story about Lucia that make Susanne worry; she is gaining weight, eating a lot of cake, and she has emotional problems. What Susanne stresses and finds worrying is the uncontrolled or unrestrained character of Lucia's behavior: "she eats an extreme amount", "she had no limits", "it was almost vulgar" are the expressions Susanne use. Even though Lucia is now doing better emotionally and doing physical exercise, Susanne still has the feeling that she is not able to restrain herself. She is not able to moderate her intake of food, because she is still chubby. This story is about Lucia's physical (and mental health). The risk categories "overweight" and "not thriving", which are also present in the policy documents, are also articulated by Susanne in this quote. Being at risk is for Susanne also a question of physical and mental health in the form of overweight and not thriving. However, Susanne transforms the meaning of these risk categories to be about Lucia's moral character or personality trait. She is unrestrained. This transformation of risks from being about a child's physical or mental state to being about its moral state shows that Susanne is acting as a citizen-agent in the process of constructing risk identities.

The moral element in the construction of problematic or risky health behavior is even more prevalent in the following example where the teacher Casper and I are talking about shyness among girls, which is often problematized by teachers as we will see later in this chapter. Casper, however, does not see shyness as a problem among girls. Instead, he is problematizing girls showing off:

Well, I've never seen an instance where girls didn't feel like showing off to boys. On the contrary, I think. But sometimes you kind of think that some of the girls who are actually a bit overweight, that they don't, you might say that they maybe sometimes forget that they are overweight because you could say that the clothes

they sometimes wear maybe shows a little bit too much considering how you should dress when you're overweight (Casper, teacher at Vesterskolen)

What troubles Casper here is that these children or young people are not adjusting the way they dress to the way they look. They are not able to restrain themselves, dress properly considering their body and show moderation. Like Lucia, they are not showing the ability to limit themselves. Casper is talking about overweight, but rather than problematize the physical state of overweight and the risks associated with that, he problematizes how some overweight girls are not able to show moderation and dress appropriately for their body type. It is about the children's approach to being overweight, not about them being overweight. The problem is thus again the child's moral character and not its physical or mental state. The examples above concern situations where the unrestrained character of a child is being articulated in relation to the physical appearance and physical state of the body. The teachers thus draw on biomedical understandings of risks but still transform the risk from being about the physical state of the body to concerning the moral character of the child.

The unrestrained character of children is also articulated when it comes to "being social". In these cases, the children's ability to restrain themselves in social interactions. More specifically, very extrovert and loud behavior is interpreted as unrestrained.

An example is Malthe, who is good friends with Lasse and with many of the girls. He is, as one of the girls put it, "half girl". He likes to participate in class discussions and often raises his hand. He often talks without permission and sometimes about things that are not school related. He and Hannah often joke around during class even though they sit quite far from each other. The teachers often shush him during class. The quote below stems from an interview with Leif, who teaches math, English and physical education in Malthe's class:

We have Malthe, very intelligent boy. The mother she ... the father he ... what's it called? They're both doctors. He's a medical examiner and she ... also has some medical position. They travel a lot and so on. And academically he's really flying. Really smart. But ... but and he is being challenged. But he is ... so bad at going to school and they want to ... they come to meetings and they really want to support it. We had a meeting with him, a meeting to discuss concerns with the parents and ... had to report back after one month, and the report did not go very well. He has not improved that much. Then he's traveling. First, he was in ... was it the US? And then he was on ... on a vacation as well. And then he comes back. And we're meeting with the parents again. It's not working out with him. He takes up too much space and ... interrupts and we're worried about him whether

something is wrong with him. Because he just can't focus. He interrupts constantly. He can't control himself (Leif, teacher at Sønderskolen).

Malthe's behavior is seen as problematic and anti-social because he takes up too much space in the class. He draws too much attention to himself at the expense of the class community. He is excessive, he can't regulate himself. In other words, he is unrestrained. At first glance, it can be difficult to see why the teachers see these behaviors as health risks. However, teachers still bring up anti-social behavior as health problems. They are drawing on an understanding of health as a broad and positive concept encompassing social well-being and risk identities of "not-thriving children" that is present in policies. However, they also transform the meaning of the "the socially dysfunctional child". What is being problematized in the example with Malthe is not how he is feeling, it is not his emotional state, or whether he feels lonely. Instead, the problem is his unrestrained character. It is about how he approaches sociality, not about how he is thriving socially. In other words, it is a question of his moral character. The teachers construct risk identities by drawing on understandings of risks and health that are present in policies and public discourse, but they also transform the meaning of these identities by turning it into a question of the moral character of the child.

The constrained child as a risk identity

As the analysis above showed, teachers problematize children being unrestrained. The "unrestrained child" functions as a risk identity – as a diagnosis that teachers can give children when they find that there is something wrong or problematic with their behavior, characteristics etc. However, being too restrained is also problematized by teachers. For example, teachers express that they worry about children who are too focused on exercising and doing sports (for example the girl Silje presented earlier), or children who are too focused on eating healthy and never allow themselves to eat candy. These children are "diagnosed" as constrained by the teachers. They are perceived as excessive instead of moderate because they are constrained in their approach to physical health. However, the risk identity "the constrained child" is even more frequently articulated when it comes to social interactions. More specifically, shyness (the Danish word "blufærdighed") is problematized, and withdrawal from the social community of the school class. A problem that often came up in interviews and when teachers were discussing with each other was pupils not wanting to shower after gym class. Teachers experience this as a significant health problem, to some extent because it poses a threat to physical health (to hygiene), but what teachers view as much more problematic is how

this is an expression of the children being constrained. The following quote is from a focus group interview with four teachers conducted at Sønderskolen:

Susanne: “Especially the shower issue. It’s a huge challenge for me; I simply don’t know how to approach it.”

Mathilde: “You mean the girls in 7th grade?”

Susanne: “Who don’t want to shower.”

Leif: “Some of the boys also try to avoid it.”

Maiken: “They already try that in 5th grade. It starts earlier and earlier.”

...

Mathilde: “What it is that worries you? I mean, is it because they don’t shower, the lack of hygiene, or is it more like ...?”

Solveig: “Well, that’s one part of it, but I think it’s worse that it says something about how they feel about themselves and each other. I think that’s a much bigger issue. I don’t think it’s great that they start the day [in gym class] and get off at 3:30.”

Maiken: “It’s because you shouldn’t go around thinking that your body isn’t ...”

Solveig: “That they should be so uptight ...”

Leif: “But it’s self-perpetuating for the problem they have. If they go to the public pool there are adults who try to hide. They get it from somewhere.”

Susanne: “And I just think there’s a positive transfer value when you see each other without clothes. If they already at this point can’t show themselves. It also says something about my relation with you and how I perceive you.”

Solveig: “It seems very ... it’s really, I think, from our generation. I just think it looks so complicated and so forced and so inhibited. You attract more attention that way.”

(Focus group with Leif, Susanne, Solveig and Maiken, teachers at Sønderskolen)

As the quote illustrates, the teachers do not problematize that the pupils don’t want to shower. Instead, they see their aversion to showing their bodies as constrained. According to the teachers, the children do not feel comfortable with their bodies, and this constrained approach to nakedness means that the pupils miss out on building friendships and trust. What is being problematized is thus the pupils’ constrained approach to their bodies, friendship and social interactions. In the previous section, the teacher Casper problematized overweight girls showing too much skin. He saw these girls as unrestrained. In this case, it is a problem that girls (and boys) are not showing enough. They are hiding their bodies, which is interpreted as a sign of their constrained character.

Children who withdraw from the social community of the class are also classified as constrained. I argued in the previous section that loud and extrovert behavior is seen as an expression of the child being unrestrained. How-

ever, introvert and quiet behavior is also problematized as excessively constrained. The following story is about a group of boys from one of the classes at Sønderskolen. The teachers often talk about them, they find their behavior problematic and worry about them. The problem is that these boys don't socialize with the rest of the class and with the teachers but withdraw into their own world:

Field notes, June 2016, Sønderskolen

I never really established a relation with Sebastian, Tobias, Lucas, Niklas and Jeppe. They avoided me. When I asked them something, they gave me short answers. Also during the interviews. They hardly looked at me. I asked them what they had in common. "Computer", they answered. "What do you do on the computer?," I asked. They giggled among themselves. I mentioned to the teachers that I found it difficult to talk to them. The teachers said that everybody felt that way. Also the other pupils. "It's as if they're not quite here; for instance, none of them do sports. You learn a hell of a lot from being in a sports club. A lot of that computer stuff, fantasy, we sometimes think, were kind of sick of it," Susanne told me about them. "They're still at kindergarten level," said Leif.

According to the teachers, they "escape into their own little world of computer and fantasy". Here, playing computer games is not seen as unhealthy because it means being physically inactive but because it substitutes "real (social) interaction" with "virtual (antisocial) interaction". These boys are quiet; they don't draw attention to themselves in the classroom. The teachers interpret their behavior, their keeping to themselves and avoiding talking to teachers and the others (especially the girls) as withdrawal from the social community of the school and as a sign of them being constrained in relation to social interaction. These boys are thus not a part of the school community. In other words, they are not civilized, they do not live up to the civilized ideal of the moderate and social child, and this puts them at risk.

When constructing the risk identity of "the constrained child", teachers draw on issues concerning physical and mental health like being too thin, having low self-esteem etc. However, they still transform these risks from being about the physical and mental state of the child to being about the moral character of the child by drawing on norms and values rooted in their own personal and social background. They are constructing risk identities by drawing on the citizen-agent narrative. At the same time, they draw on the legitimacy and authority provided by their role as professionals. Their role as teachers enables them to evaluate children and thereby also to have opinions and make judgments about the children's health. Teachers thus construct risk identities by drawing on resources, norms and roles originating from the social as well as professional contexts.

In the next section, I look into how the risk identities of “the unrestrained child” and “the constrained child” acquire additional meaning by being linked to other identities of the children, namely social class, ethnicity and gender. The teachers thus construct other variants of the risk identities “the unrestrained” and “the constrained” child, by drawing on other identities of the children.

7.2.2. Specifying the unrestrained and constrained child

Nadin is also unhealthy. It’s culturally determined, I think. They live a ... cheap, a lot for a little. Preferably with lots of sugar (Leif, teacher at Sønderskolen).

This quote illustrates how it is not only the question of being unrestrained or constrained that teachers actualize when they classify pupils’ health. In this case, Leif is talking about Nadin, a girl of Lebanese descent who lives with her mother, stepfather and four younger siblings. When he talks about Nadin’s health, Leif not only refers to how much candy she eats (her unrestrained candy-eating habits) but also to her cultural and ethnic background and the economic situation of her family. He interprets her eating habits as something related to her culture, that is, her ethnic origin and the family’s socioeconomic status.

In the following, I look into how the identities as unrestrained and constrained appear together with other identities, more specifically with social class, gender and ethnicity. The analysis shows how the risk identities of the constrained and unrestrained child are further specified by being articulated together with and filled with meaning from other identities.

The unrestrained under-class and the constrained upper-class child

In general, teachers often draw on social class as a category when they talk about children, using expressions like “a home with resources”, “the family lacks resources” etc. What is interesting in this context is that these social class categories appear together with the depiction of children as unrestrained and constrained. The middle class is rarely mentioned together with being unrestrained or constrained. However, the middle-class background is articulated when children are talked about as healthy and moderated, for example when teachers talk about the good eating habits of children from resourceful homes:

But in general, I think that the resourceful homes are those who are in my 7th grade. I can see that they are sensible children who don’t go out to buy stuff. They bring a good lunch from home (Susanne, teacher at Sønderskolen).

The middle-class children are sensible, they bring a good lunch from home and don't buy unhealthy food at the supermarket. In other words, they act according to common sense. Lower-class and upper-class backgrounds are most frequently articulated in relation to the unrestrained and constrained character of children. The display below illustrates how the children's social class background is articulated in situations where the unrestrained and constrained character of the child is also articulated.

Display 7.4: Overlap between social class and the categories unrestrained, moderate and constrained

	Unrestrained	Moderate	Constrained
References in total	47	43	68
Lower class	10/47	0/43	3/68
Middle-class	1/47	6/43	0/68
Upper-class	1/47	0/43	3/68

As the display illustrates, the lower-class background is most frequently articulated when the child is interpreted as unrestrained, while the upper-class background rarely overlaps with the health categories but mostly seems to overlap with children being talked about as constrained. An examination of the relationship between the excessive identities and the social class in the passages and situations in which they overlap shows that the socioeconomic background of the child and its family becomes an explanation for the child's character. An example is the following quote where Jakob tells about an experience he had with a former pupil:

I once had a pupil who never brought lunch from home, and then they went to Rema¹⁰ in the 10-o'clock break and bought a bag of cinnamon buns. And he did that. Really. All through 9th grade. I pointed it out. And I mentioned it at the parent-teacher meeting, but in a home with poor support. The good thing was that the boy was very active on the soccer field, so he burned some calories, but he was still malnourished to some extent. But I don't know what is compensated for once you get home. But based on my knowledge of the family, I could be worried about his health ... the energy or resources to care well for those kids were scarce (Jakob, teacher at Sønderskolen).

Jakob is telling a story about a young boy who instead of eating lunch ate a lot of cinnamon buns. He bought a whole bag of cinnamon buns and ate them all

¹⁰ Discount supermarket.

every single day for an entire school year. Buying a whole bag and eating them all by himself is unrestrained and uncontrolled behavior and hence unhealthy. His approach to eating unhealthy things such as cinnamon buns is excessive. What is interesting here is that the boy's socioeconomic background reinforces this interpretation of him. Jakob comments on the family and expresses that "based on his knowledge of the family, he could be worried about the boy". In this situation, Jakob classifies the boy as unrestrained based on his behavior (eating whole bags of cinnamon buns) and the boy's background reinforces this interpretation of his health state or, as the use of "could be" suggests, his future health state. The boy's behavior and socioeconomic background (family relations) lead Jakob to classify him as someone at risk. In the material in general, similar interpretations combining behavior and class background exist, including unrestrained eating habits, too much screen time (computer or phone) and not keeping bed hours, which is also linked to the lower class as the display above illustrates. These examples show that when lower-class children are interpreted as being at risk, it is often because of the unrestrained character of their behavior.

A different pattern emerges when the overlap between the category upper-class and risk identities are examined. The upper-class background is most often present when the constrained character of a child or the family is being articulated. The following story about Andrea, a 13-year-old girl, exemplifies this. The quote is from a single-person interview with the teacher Leif:

Andrea, a fit and healthy girl but really not thriving because – it's something at home. We don't know what it is. Her father is a doctor at Skejby Hospital. Her mother is a psychologist, working at a clinic. So we found out ... I mean things start to fall into place when you start meeting a little more often and talking with them a little more often. Because Andrea has had a rough time socially. Well, a bit – but then again not really. What worries us about Andrea is that we have seen Andrea here doing well, having some good days at school and ... and interacting with several girls and boys. But hasn't been keen on showing that she does her work. Because she's really smart. A little challenged in reading, but really good at math. And ... and language too and things like that. In my subjects she has done really well. But sometimes she wouldn't show when she was doing something. It's such a weird thing. But that's one thing. And then ... the parents had always written that she never sees anyone, and when she comes home from school, she says that she's had a horrible day. And ... that she's just been sitting around all sad and stuff. And in fact we see the exact opposite. And we've had extra focus on her because the parents say something different. And I find that really concerning. Because we see ... so this is a girl who ... who actually seems to thrive here. And comes home and says the opposite. So then we started to talk to them about how they focus on her not thriving. ... But basically, we think that we've focused on her and she's been doing well. So we think that sometimes ...

sometimes children say what the parents want to hear. So why do they hold on to the negative story? ... so that's something ... they feel the pressure of their parents' expectations when they come home. They want to hear that things are bad even though deep down, she's had the opposite experience. It's simply ... yeah, it's a weird reaction. She's worried. And in the team, we talk a lot about her. Because it's been such a big thing. And the parents have written to us multiple times. What's going on and why etc. Can't you do something, why don't you do something? And we don't see it. Because it's not happening. So that's a real mystery (Leif, teacher at Sønderskolen).

Andrea is physically healthy. She used to play soccer but is taking a break because of an injury. She eats healthy and her weight is normal. However, Leif is still very worried about her health and actually brings up her case again later in the interview when asked if he has ever been worried about a pupil's health. The problem with Andrea is that she is shy. She doesn't want to show her school work in front of the class, even though she is a good pupil. Moreover, she has some problems with sociality, or at least her parents say that she does. What Leif finds so worrying is that he experiences her as a normal child, while the parents keep saying that she has no friends. He interprets her case as Andrea having problems with her family. He believes that the parents expect her to be lonely, and that is the story she tells when she comes home from school in order to please her parents. In other words, they are pressuring her with their expectations.

The case of Andrea is interesting because there is nothing particular in her behavior that makes the teachers worry about her. Instead it is her parents and their behavior that is worrying. According to Leif, Andrea's parents are constraining her and controlling her. Moreover, he gives the impression that they are difficult to collaborate and communicate with. Leif problematizes the parents' behavior and he articulates their social status. They are both well-educated, which is presented as contributing to the bad collaboration with the school. Again, the socioeconomic status of Andrea and her family reinforces Leif's interpretation and diagnosis of the family as constrained. What makes Leif classify Andrea as being "at risk" is more about the excessively controlled character of her upper-class family and less about Andrea's shyness. In this case it is actually the parents' behavior that is the problem. Their behavior makes the teachers worry about Andrea, and their socioeconomic status is articulated as a part of the problem.

In other instances, the child's behavior is viewed as problematic, and the behavior or the parents' ability to handle the child's behavior is similarly rooted in ideas about their socioeconomic background. One example is Malthe, a boy I have previously introduced. Malthe has problems with sociality,

for example seeking too much attention. In his case, the teachers also articulate his socioeconomic background as part of interpreting his situation. His parents are both doctors and very nice persons, but they must be doing something wrong since Malthe is so out of control. For Leif, the most plausible explanation is that they are too busy with work (them being doctors).

Both parents are doctors ... And that's a ... actually a good background, but they are busy the parents and ... that may be what's missing. That they are actually there. Also at home and can be around him and so on; give him a bit of guidance. (Leif, teacher at Sønderkolen)

In sum, the analysis shows that teachers do not only refer to the children's behavior when they classify a child's health as worrying. They also talk about the child's and the family's socioeconomic background when they talk about what worries them. The worrying character of the child's or the family's behavior can thus be reinforced by the social status of the family. While references to the under-class most often overlap with references to the unrestrained, references to the upper-class typically overlap with references to the constrained or anti-social. The teachers thus construct and draw on the two risk identities "the unrestrained under-class child" and "the constrained upper-class child". Thus, they draw on the risk identity present in policies of the "child from disadvantaged families" but still transform the meaning of this risk identity from being about statistical probability of developing health problems to being about the moral character of the child and the family. Moreover, in contrast to what I found in the analysis of policy documents, the teachers also construct children from families with many resources as problematic, as morally inferior to the moderate middle class because they are constrained.

The excessive ethnic minority children: religiousness and cultural differences

The teachers rarely talk about the category of Danish children in relation to risk identities. However, they sometimes refer to ethnic minorities ("the bilingual pupils"). The analysis of the empirical material shows that the category "ethnic minority" overlaps with the risk identity "the unrestrained child" and the risk identity "the constrained child". The display below illustrates this.

Display 7.5: Overlap between ethnicity and the categories unrestrained, moderate and constrained

	Unrestrained	Moderate	Constrained
References in total	47	43	68
Danish	0/47	0/43	0/68
Ethnic minority	4/47	0/43	6/68

The risk identity “the constrained ethnic minority child” is articulated in situations where cultural and religious practices are seen as worrying in a health perspective, as in the following example:

I don’t think it’s healthy for a child’s welfare that they can’t eat food at such an early age (Casper, teacher at Vesterskolen).

In the previous chapter, the discourse analysis illustrated how teachers in some situations construct the religious practice of fasting as being in opposition to health and healthy. Likewise, children who are fasting are in these situations classified as being at risk. The practice of fasting is seen as a strict religious law that imposes constraints on children’s lives. The children who fast but break the fast in some situations are seen as moderate, while those who uphold the Ramadan are seen as excessive and more specifically as constrained by their religion in their approach to health behavior. The same is the case with Bilal, who doesn’t want to shower after gym class:

And that’s a cultural thing. Some of them ... Bilal, he’s not too happy about being naked in front of others ... so he ... so he wouldn’t shower to begin with when he was new in the class (Leif, teacher at Sønderkolen).

Bilal’s shyness is a sign that he is too constrained, which is interpreted as being caused by his cultural and religious background. The religion of ethnic minority children, which in all the cases here is Islam, is seen as causing their constrained and risky behavior.

In other instances, the teachers construct and draw on the risk identity of the “unrestrained ethnic minority child”, for example, these children’s candy-eating habits and in some cases their sleeping patterns:

So it’s probably mostly the bilingual who buy. As far as I can see. Others do it too. But they actually never bring lunch from home, they almost always buy something. And the diet with biscuits and all kinds of junk from the supermarket they sit around eating (Maiken, teacher at Sønderkolen).

In these situations, the interpretation of the children’s behavior as unrestrained is reinforced by the interpretation of them as ethnic minorities. Similar to the use of references to the lower class, the diagnosis “unrestrained” is in this case informed by the category “ethnic minority”.

In sum, the analysis suggests that in situations where ethnic minority children are perceived as constrained, it is typically linked to religion. However, in situations where they are perceived as unrestrained, it is linked to a lack of both economic (ethnicity becomes a social class) and cultural (moral judgement of culture) resources. Teachers thus also redefine the risk identities of the constrained and unrestrained child to be the unrestrained ethnic minority child and the constrained ethnic minority child.

Excessiveness as a feminine trait and being a girl as a risk identity

In this section, I examine how the two risk identities “the constrained child” and “the unrestrained child” are also constructed as gendered identities. From the moment children enter school, they are divided into groups of boys and girls. Gender, age and school class are probably the most widespread ways to differentiate between pupils, and the gender category is further considered to be a completely legitimate and neutral distinction. Both teachers and pupils use the categories of boys and girls in their everyday life to identify and classify themselves and each other. That teachers use the distinction between boys and girls in their daily work is thus not very surprising, but an examination of how the teachers articulate gender in relation to the risk identities of the unrestrained and constrained child revealed some interesting aspects. First, the analysis of the situations in which gender is articulated together with risk identities indicates that “girls” and “femininity” are more frequently articulated when teachers talk about health problems (cf. the display below). This indicates that teachers more often experience or interpret the risk identities as linked to girls and femininity. This raises the question of how the relation between gender and risky health is interpreted by the teachers.

Display 7.6: Overlap between gender and the categories unrestrained, moderate and constrained

	Unrestrained	Moderate	Constrained
References in total	47	43	68
Boys	4/47	5/43	7/68
Girls	9/47	4/43	31/68

Based on the analysis, I argue that both boys and girls are classified as constrained and unrestrained. However, when teachers talk specifically about boys as being either constrained or unrestrained, they often normalize the boys' behavior by referring to impending puberty. Their behavior is thus interpreted as a normal and natural phase of life. The constrained or unrestrained behavior they exhibit is thus not an expression of their moral character but "just teenage behavior". This pattern is especially apparent with regard to excessive constraint. The following quote illustrates how this plays out with regard to children showing signs of excessive constraint. Not wanting to shower after gym class is a problem that came up in almost all interviews with the teachers. The teachers generally agree that this problem is more pronounced among girls, but it is also a problem among boys. In the following quote, Leif again raises the issue of pupils – this time boys – not wanting to shower after gym class. Although Leif is still interpreting this behavior as a sign of shyness, he is normalizing the shyness by referring to puberty:

I think it's about their age too. I see among the boys, Niklas was the first to grow pubic hair, which made him extremely shy, and he could hardly unpack himself. Now, three or four of them have it, so it's no longer a problem. So I also think that ... being the first to grow hair can be difficult (Leif, teacher at Sønderskolen).

The boys who do not want to shower are thus not diagnosed as "constrained children". Their shyness is not an expression of their moral character, they are still moderate children who are just going through puberty. Moreover, the problem is often described as being most prevalent among some boys, that is, those who are more developed, chubby or ethnic minorities with a Muslim religious background. Boys not wanting to shower is thus normalized and not linked to masculinity.

In comparison, when the girls do not want to shower, it is problematized, as in the example from the focus group presented earlier. The shy behavior of the girls is not normalized with reference to puberty but seen as excessiveness (the girls are constrained), that is, as an expression of their moral character. Consequently, they need to be civilized and disciplined to become more moderate and balanced. The boys' shyness will pass, but it is important that the girls learn to be moderate:

The boys have also tried to get around it. And then Leif made a deal with Jeppe and Tobias that they can go in five minutes earlier. But I took all the girls from the B-class out on Thursday and had a nice talk with them and said that I was really challenged. Because I could see that they didn't shower when I was there. And I simply didn't know what to do because I found it very intimidating that I had to go in there and drag them under the shower, and they wouldn't want that either ... and we talk about body hatred, I would hate to see them reaching that

point where they don't think they look good or just feel wrong, because we're all fucking different, we should be able to accept that (Susanne, teacher at Sønderkolen).

This quote illustrates that the gym teachers handle boys' and girls' aversion to showering in different ways. The teacher makes a deal with the two boys Jeppe and Tobias, while the girls are summoned for a talk on body ideals and shyness. Since boys' shyness is normalized and girls' shyness is problematized and diagnosed as excessiveness, the girls need to learn to be moderate. They have to become children who are not excessively shy and constrained. However, teachers also express the view that some children need to show some restraint; for instance, overweight girls should dress appropriately and not show too much skin.

It is also interesting that the girls' shyness is not only problematized and diagnosed as excessiveness but occasionally also as a feminine trait in itself. This is illustrated in the following quote from a focus group conducted with teachers from Vesterskolen. The teachers are talking about health problems among girls, more specifically self-pressure:

Bo: "Oh yeah, those perfect girls ... Well, the differences between being a young boy and a young girl are just so unfair ... But the thing is that a boy who sleeps with a lot of girls is a stud, and a girl is a slut. That's the way it is. A girl has to perform, preferably score a lot of As, she has to be a good daughter, she has to be a good big sister, I mean, there's some extra pressure that I think is orchestrated both by the media and by the girls themselves. It has to have something to do with girls' mind. They inflict it on themselves. Because in reality, the demands are not bigger on girls than on boys."

Ole: "Yes, that's right, the last thing you said. They are very good at assuming these roles."

Bo: "Sure, it's definitely got something to do with how the masculine and feminine dominates the two genders. I'm completely sure that if you studied that, you would find that girls are like that ... I mean, there are girls who just ... I mean, there are girls who get sick because of this. They simply can't handle it. Girls who start crying because they're late for school. There are some things that are kind of difficult. But yes, I spend some time on this. I have this sheet I use with the masculine and the feminine that I show my pupils, typically in 8th or 9th grade. Where I try to explain to them that all people contain the feminine and the masculine but that there are ... it has different ..."

Ole: "Expressions."

Bo: "Expressions. And it is more prevalent in one gender than the other typically ... a boy is often more like a cat. They are good at shaking things off."

In this conversation, the constrained character of girls is linked to femininity. The teachers perceive girls' excessive self-pressure as something related to

their minds and to the feminine traits that are more prevalent among girls. By linking excessive constraint to femininity, being feminine becomes a potential problem in itself. In other words, being a feminine girl constitutes a risk to the health of children.

7.2.3. Risk identities and health as the civilized

The analysis shows how teachers construct risk identities in relation to health. They articulate many of the same categories as policies, for example, overweight children, ethnic minority children, lower social class etc. However, the teachers transform the meaning of what is risky about these identities. The teachers construct the risk as a question of the moral character of the child rather than a statistical probability. I thus argue that the teachers in general construct the excessive child as a risk identity and as opposed to the moderate child. The excessive child comes in different variants such as the unrestrained lower-class child, the constrained upper-class child, the unrestrained ethnic minority child and the constrained girl. The risk identities that teachers construct are thus informed by other identities of the children. Health (whether risky or not) is a category that is constructed by drawing on social categories but it also becomes a social category, a way for teachers to distinguish between children. The risk identities are constructed and transformed by drawing on common sense and perceptions from everyday life more than on professional knowledge or expertise. And even though knowledge from the biomedical health discourse is clearly present, it is transformed by teachers into a set of morally loaded risk categories. In this process, the teachers also draw on the legitimacy and authority that come with their professional role. The way they approach the children, the way they talk about children, make sense of them and evaluate them, is constrained and enabled by their professional role as teachers.

In the previous chapter, I argued that teachers construct health as “common sense and moderation” and that they thus transform the meaning of health and health promotion into a moral project. The civilizing aspect of health and health promotion becomes even more apparent in this chapter when we examine how teachers construct risk identities, since these risk identities center on the moral character of the child. The teachers’ primary focus is not on the child’s state of health (physical, mental, social) or health behavior. It is on how the child approaches health and how the child’s health state and health behavior is an expression of the child’s character. Being healthy signifies being good and moderate, that is, civilized. Identifying children with potential health problems is thus transformed into a question of identifying the uncivilized. In this sense, health becomes a new way to make the same distinc-

tion the teachers are already (and have always been) making between the children. This may be their way of coping with new a job task, that is, health promotion, imposed on them by public authorities and transforming this task into something familiar and already part of their existing practices and routines. However, the teachers do not reason, argue or rationalize this transformation by referring to work pressure or lack of time, resources or expertise, as we would expect based on coping strategies. Instead, they engage in transforming the meaning of healthy and unhealthy to fit their moral project and thus their perceptions of the “ideal” civilized child. I thus argue that we can understand this transformation as part of the teachers’ citizen agency more than as a way of coping with new tasks and work pressure.

In the final part of this chapter, I turn to the perspective of the children to explore how they construct and transform risk identities in relation to health.

7.4. The too healthy child and the lazy candy-eating child as risk identities: the perspective of pupils

And Amanda she goes to two different sports four times a week, and she eats unhealthy food, but she talks about so much that I would almost call her healthy.
(Thomas, age 13)

At first glance, this short statement by Thomas, a 13-year-old boy from Vester-skolen, seems a bit curious. He is talking about Amanda, one of his class mates. He describes how she does a lot of sport but also eats a lot of unhealthy stuff. This may seem as an odd description of a person’s health. However, as the following analysis shows, this category, sometimes referred to as “candy and sports” by the children, is widely used when the children classify themselves and their peers in relation to health. The candy and sport category contains being physically active and eating candy, junk food, drinking soda etc. and is seen as “the normal” for the children. Eating candy and doing sports is perceived as normal and moderate, because it implies doing both healthy and unhealthy stuff. In this sense, it is neither extremely unhealthy nor extremely healthy. Candy and sports represent the balance. The children also draw on the category “lazy and vegetables” or “no sports but healthy diet”, which denotes the opposite of candy and sports, that is, not doing physical exercise but eating healthy. Although this category is less widespread among the kids, it is still considered normal and balanced.

Similar to the teachers, the children thus problematize when someone does only unhealthy or only healthy things, for example exercise a lot *and* eat

very healthy, or never exercise *and* eat a lot of junk food. They thus construct two risk identities, namely “the too healthy child” and “the lazy and candy-eating child”. Like the teachers, the pupils problematize the extreme and excessive health behavior but, as we will see in the analysis, they ascribe a different meaning to the extreme and excessive than the teachers do. They transform the meaning of the moderate and the excessive.

The opening quote also points to the performative character that health acquires among pupils. As Thomas says, Amanda talks so much about eating unhealthy stuff that he would almost call her healthy. Amanda is signaling that she knows that she is doing something unhealthy and thereby shows awareness of her unhealthy behavior. This classifies her as both healthy and normal. For the children, being classified as normal or at risk, is thus not just about what you do but also about the signals you give. This involves construction of risk categories as well as the performative aspects of “doing health”, which I will examine in depth in Chapter 8. For now, I will focus on the risk identities constructed among the children and the underlying logic of these categories.

The display below illustrates the identities that pupils construct and the different elements and behaviors they associate with these identities.

Display 7.7: Health categories among pupils

	The normal/healthy		Risk identities/unhealthy	
	Candy and sports	No sports and vegetables	Candy and lazy	Too healthy
Elements	Soccer	Not doing exercise	Eating candy	Not eating
	Eating candy	Eating healthy	Being lazy	Always moving
	Eating chocolate	Watching Netflix	Fries	Exercising a lot
	Doing sports	Shopping with friends	Burgers	Being thin
	Hanging out with friends	Not eating cake or candy	Cake	Eating disorder
	Eating snacks		Being “big” (chubby)	Excessive focus on health
	Going for a run		Chocolate	
			Crisps	
			Not doing sports	
			Playing computer	
			Being on the phone	
			Netflix	
			Youtube	
			Pizza	
			Playstation	
			Not-sporty	

The table illustrates how the children, like the teachers, distinguish between two risk identities that are both seen as deviating from the balanced ideal child: “the too healthy child” and “the lazy and candy-eating child”. However, a closer look at these two risk identities reveals that the meaning the children ascribe to them is quite different from the meaning teachers ascribe to the risk identities “the constrained child” and “the unrestrained child”. The children draw on an idea about moderation as healthiness and excessiveness as unhealthiness but they transform the meaning of these concepts from being about the child’s moral character to being about the things the child actually does, or more precisely the *sum* of the things the child does.

The children do not care about the approach or how you do different things but more about the things you actually do. If you only do healthy stuff, or if you only do unhealthy stuff, then you are excessive (not moderated). If you do some healthy stuff and some unhealthy stuff, then you are healthy. If your intake of candy is unrestrained but you do sports, you are healthy. If you are lazy but eat vegetables, you are also healthy. Whereas the teachers understand moderation as a moral trait of the child, the children regard balance as doing both healthy and unhealthy things. What makes the children worry or classify their peers’ health as being at risk is thus when they don’t mix healthy and unhealthy behaviors. The display below illustrates the risk identities constructed among the children:

Display 7.8: The risk identities “too healthy” and “lazy and candy”

	Examples	Number of references
Too healthy	<p>Anne she actually stopped eating very much. I’m worried. She turns down cake and stuff like that (Amanda, pupil at Vesterskolen).</p> <p>Simone was like ... she hardly ate anything in school and she never eats breakfast, we found out later. And Simone is a very skinny girl. I mean, she is very slim. And then we started to get on her about it (Alma, pupil at Vesterskolen).</p> <p>Patrick: “At some point she suddenly started to dance in class. Someone was humming, and she started to dance and, okay, it was probably just weird. And then she started running. And then she didn’t eat anything. Ran, she ran ...”</p> <p>Alma: “And she was constantly moving around in class. And that really stresses you out.”</p> <p>Patrick: “She never sat down and relaxed.”</p> <p>(Patrick and Alma, pupils at Vesterskolen)</p>	14
Lazy and candy	<p>Maja: “Isn’t Lisa like Lærke – she doesn’t do any sports.”</p> <p>Rosa: “And she eats a lot of candy too.”</p> <p>Eva: “Yeah, she eats tons of candy and is on her phone.” (Maja, Rosa and Eva, pupils at Sønderskolen)</p> <p>“Hashim, he’s candy and he is psycho lazy.” (Alma, pupil at Vesterskolen)</p> <p>Alma: “Jeppe he plays music. But he’s also lazy.”</p> <p>Patrick: “And he doesn’t do much sports, so he goes over there on unhealthy.” (Alma and Patrick, pupils at Vesterskolen)</p> <p>“Jeppe definitely doesn’t. Because he avoids anything that’s healthy, I’d say.” (Thomas, pupil at Vesterskolen)</p>	96

Unlike the teachers, the children also distinguish between two non-risk identities. More specifically they operate with the distinction between being physically active and eating unhealthy things and being physically inactive and eating healthy, which are variations of the ideal child. This again points to how the meaning of excessive and balanced is transformed and dislocated among the children. While moderation for the teachers is a question of the child’s moral character and therefore only has one expression, the children perceive moderation not as being about how you eat or exercise, but about mixing behaviors that are healthy and unhealthy (from a biomedical point of view). It is thus possible to eat candy in an unrestrained manner but still be perceived as

healthy or not at risk if you also play soccer or go for a run. For example, in the following quote, Silje makes the argument that she belongs to the normal category of candy and sports by describing her own health in the following way:

I mean, I like to watch Netflix and Youtube and eat candy and stuff like that, but I also like to go for a run, eat okay healthy and hang out with my girlfriends.
(Silje, pupil at Vesterskolen)

She stresses that she does unhealthy things like watch Netflix and eat candy, but she also likes to go for a run and eat somewhat healthy stuff. She thus mixes unhealthy and healthy things, which in her perspective makes her “candy and sports”.

The interesting thing about how the children construct risk identities is that they mostly draw on a biomedical understanding of what is healthy and unhealthy. That is, the question of who is healthy and unhealthy is a matter of what people are eating and whether they exercise or not, which very well reflects their understanding of health as physical health (see Chapter 6). At the same time, like the teachers, they draw on an understanding of the healthy child as the moderate child and the unhealthy child as the excessive child. This also reflects the meaning the children in some situations ascribe to health, more specifically health as moderation and balance, which also appears from Chapter 6.

However, the analysis also shows that the pupils transform the meaning of the unrestrained and constrained child. For the children it is not about an ideal civilized character or an ideal approach to health but about signaling that you care about health to some extent, but not too much. It is not a question of the child's moral character but a question of the sum of the child's health behavior. Who is classified as unhealthy or healthy becomes much more fluid and changeable than among the teachers because the risk identities have a more performative character and are less associated with moral evaluations of the children. These health identities (both risk and non-risk) are nevertheless linked to the children's status because they are intertwined with group identities in the classroom. Health thus also becomes a social category, a way for the children to distinguish and position themselves in relation to the others in the class. This will be the focus of analysis in the next chapter.

7.5. Risk identities

In this chapter, I have examined how risk identities are constructed and transformed in the encounter between policies, teachers and pupils. The analysis shows how policies construct risk identities based on statistical correlations

between categories of children and health problems. The risk identities constructed in policies are rooted in either biomedical or social categories. The risk identities constructed in policies carry with them causal stories, that is, (implicit) explanations of why a child is at risk and who is responsible, which are also either based on biomedical or common-sense understandings of different groups of people and their characteristics.

The analysis further shows that teachers are oriented towards the state-agent narrative, drawing on some of the risk identities that are present in policies but that they re-interpret the meaning of risks. For the teachers, health-related risk is not about statistical risks, it is about the moral character of the child. When teachers transform risk identities, they act both as professional agents drawing on the legitimacy and authority that come with their professional role as teachers and as citizen-agents who perceive health promotion as a civilizing project.

When the children construct risk identities, they draw on the biomedical understanding of health as physical health. Risk identities thus revolve around diet and exercise. Children also draw on the understanding of the healthy child as a moderate child and the unhealthy child as an excessive child, which is similar to what the teachers do. However, the children re-interpret the meaning of moderate and excessive. They interpret moderation as doing healthy as well as unhealthy stuff, not as a question of moral.

Like problem identities, risk identities function as “diagnoses” that can be assigned to children in the encounter with the school. However, risk identities are distinct from problem identities. Whereas the problem identity of, for example, being homeless or an alcoholic centers on the current condition of the individual, risk identities revolve around something that is not yet visible as a problem, something that is not identifiable in the present condition of the child. It is about the potential future situation of the child. However, all categories must have an organizing principle, a criterion for inclusion in or exclusion from the category. This means that risk identities need to be constructed based on some sort of inclusion/exclusion criteria that are identifiable in the present. How are risk identities constructed and employed when these processes cannot be based on turning the troubled situation of an individual into a clearly defined problem? In policies, risk identities are constructed based on statistical probability of developing physical and mental health problems at some point in life. This means that social identities such as ethnic minority child, lower-class child and girl (and sometimes boy) come to constitute risk identities. When teachers then re-construct risk identities, they base this meaning making process on their interpretation of statistical risk categories but re-interpret these as being related to the moral character of the child. Be-

longing to a category that statistically speaking puts the child at risk is transformed to mean that there is something risky about the character of children belonging to this category. Being at risk has to do with the child's approach to health, which is an expression of the child's moral character. Hence, what the child actually does or how he or she feels is not the (only) thing that matters. What matters is the riskiness of the social identity of the child. The actors thus draw on social categories when constructing risk identities, but at the same time health becomes a social category that is a way to differentiate between children.

The next chapter looks into how these risk and non-risk identities are constructed, performed and negotiated in the encounter between child and school. Instead of focusing on risk identities as mental constructs (as categories), I examine how identification plays out in the interaction process.

Chapter 8.

Performing and transforming risk identities

Field notes, September 2016, Vesterskolen

It's Tuesday afternoon, and the sun is shining from a clear, blue sky. It's hot even though it's September. I'm in gym class with 7th grade, and we're doing track and field. We're doing high jump, and I'm up soon. There are approx. 10 pupils behind me in line. Line, the gym teacher, is standing behind the bar and the mat. She is a newly graduated teacher in her mid-20s with tanned skin and dark hair cut in a pageboy. She looks young and sporty in her tracksuit. I, on the other hand, am standing in line in my husband's old soccer shorts, a large t-shirt and my long hair in a ponytail, 29 years old. Older than Line. Adult and a mother of two. Nevertheless, I feel 13 again. I always hated high jump. I feel that everybody is looking at my body. I feel exposed. I feel that everybody will be judging me on my performance. Evaluate who I am. See that I'm not sporty. I imagine that everyone expects me to knock the bar down. Everybody can see that I'm not a person who can do high jump. I'm 5'2" and wearing completely ridiculous gym clothes. Most of all, I want to leave the line. I'm actually not forced to participate, I think. "Your turn, Mathilde!" Line shouts. I think she sounds annoyingly enthusiastic. I run, jump and knock the bar down.

This excerpt from my field notes describes my experience participating in a gym class at Vesterskolen. Besides illustrating my poor high jump skills, the excerpt points to several interesting features of health promotion in the encounter between child and school. This is not just an encounter between a street-level bureaucrat and a citizen; it takes place in a social setting with many citizens (and frontline workers). Many encounters between teachers and pupils take the form of interaction between a teacher and several pupils, and even when the teacher is only directly communicating with one child as Line was with me in the situation described, there are still other children present. In other words, there is an audience to the encounter. An audience that may play a more or less significant role. An audience that constrains the actors, limits what they can do and still keeps the position it wishes in the social setting, but also enables the actors, provides them with resources they can use to their advantage in the interaction. An audience that shapes the encounter and how processes of identification play out in the encounter. Neither Line nor I interacted directly with the other children, but I was still aware that it was not just the teacher who was looking. I was still aware that how I acted, what I

said, how I approached the situation of the high jump as well as how I performed the high jump were all signals that revealed something about who I was to the others. Something that shaped my position in the social setting.

This points to another important feature of identity formation and transformation in the encounter: the performative aspect. Identity is not something the individual possesses; it is not something firm and fixed that he or she brings along into the social world. Rather, identity is a product of interaction with the social world that the individual encounters (Mead and Morris 1934, Berger and Luckmann 2004, Jenkins 2014). Hence, identity has an active quality. It is something the individual “does” and continues to do in interaction with the social world. It is a process, a process of being and becoming (Jenkins 2014, 18). Identity is a social role that the individual performs by presenting him- or herself through speech acts and bodily acts (Goffman 1971, Goffman 1990, Goffman 1990, Goffman 2005). The construction, negotiation and re-construction of identities as “healthy children” or “children at risk” are also performed by children, and performed on children, in the encounter between child and teachers. Being healthy or not healthy is not just something a child is, it is something the child does in its interaction with others. It is a role that individuals negotiate and enact.

In this chapter, I examine how risk identities as well as non-risk identities are performed and enacted in the encounter between teachers and pupils. Whereas the previous chapter analyzed how risk identities (and non-risk identities) were constructed on a discursive level in the form of categories or prototype identities, this chapter focusses on how identities are negotiated and performed in the interaction between the agents in the empirical setting of the school. This interactionist analysis examines how agents negotiate their roles and identities in the interaction.

The chapter shows how teachers exercise identity lessons in what constitutes a healthy and moderate child when they encounter the children. However, these identity lessons are seldom directed at a specific child nor do they stigmatize individual children. Instead, they are aimed at the children as a whole and thus have a general character. Moreover, they are often implicitly rooted in teachers’ actions.

The chapter also illustrates how the children give each other identity lessons in what it means to be a healthy and popular teenager. Performing healthy and performing unhealthy on others becomes a way for the children to negotiate their social status in the school class.

However, the analysis also illustrates that identity lessons are not merely carried out by the powerful actors in the setting (whether these are teachers or pupils). Instead, the actors draw on the resources they have in the specific context in order to negotiate what it means to be good and healthy as well as

their own identities in the class. Pupils and teachers can draw on different resources and roles that enable and constrain them in the negotiation and performance of health identities. In other words, teachers and children do what they can with what they have in the specific situation and context. They choose and develop different strategies in order to construct, transform and perform healthy identities in social situations. Identities are thus challenged and negotiated in the interaction between teachers and pupils as well as between pupils.

8.1. Analyzing interaction

The aim of this chapter is to uncover how identities as healthy children and children at risk are enacted in the encounter between child and school. This puts interaction at the center of this analysis. The question is thus how to study interaction. I am interested in how the various actors try to constitute their own definition of the situation as the valid one, how they construct or present themselves and others, and which strategies they employ in the interaction, that is, what kind of resources they draw on. In order to do so, I draw on Goffman's theory on social interaction and use his concepts of impression management and face work as analytical tools in the analysis (Goffman 1971, Goffman 1990, Goffman 1990, Goffman 2005). This analytical perspective allows me to examine the meaning of the seemingly mundane speech acts and bodily acts that constitute the interaction between individuals, and through which identities and relationships are formed. In this part of the chapter, I present the concepts that I employ in the analysis.

8.1.1. Analytical tools

For the interaction to flow when individuals come in contact and engage in face-to-face interactions, the situation needs to be defined, and the social roles and rules of interaction established. The roles and rules of social interaction reduce the complexity of interaction because they provide the individuals with information about what they can expect from the interaction and from the person(s) with whom they are interacting, and how they themselves can behave. Roles and rules make the interaction follow a certain pattern. In Goffman's words:

Social roles are the enactment of rights and duties attached to a given status (Goffman 1990, 27).

Since social roles are attached to rights and duties, the social role that an individual acquires in the interaction will affect how others treat him or her. Hence, individuals employ different strategies to control how others perceive them in the interaction. Goffman uses the term "impression management" or

“face work” to denote this practice. Impression management is a social mechanism that enables individuals to manage their social role. Goffman distinguishes between expressions an individual gives and expressions an individual gives off:

The first involves verbal symbols or their substitutes which the individual uses admittedly and solely to convey the information that he and the others are known to attach to these symbols. This is communication in the traditional and narrow sense. The second involves a wide range of action that others can treat as symptomatic of the actor, the expectation being that the action was performed for reasons other than the information conveyed in this way (Goffman 1990, 14).

Only when there is consistency between the expressions the individual gives and gives off is it possible for the individual to maintain a consistent line in his or her role, to keep a consistent face. In everyday life interaction, individuals continuously engage in preventive practices to maintain their role or face as well as the face of others (moral obligation of the interaction). Preventive practices can thus be defensive (the individual is trying to manage his or her role) or protective (the individual is trying to maintain the face or roles of others).

In some contexts, an individual may reveal a face or role that in this particular social context is considered “a spoiled identity”. Goffman uses the term “stigma” to describe this trait of the individual who given the context reveals a spoiled identity (Goffman 1990). Stigma can be physical, for example being overweight, a character trait or tribal trait (for example race). The important point is that when an individual is considered “spoiled”, when the individual has a stigma in the interaction, the moral obligation of the interaction and the usual rules and patterns of interaction fall apart (ibid.).

In the analysis, I draw on the concept of impression management or face work to examine how the actors execute their agency through linguistic and bodily actions in specific contexts.

8.1.2. Data sources

The empirical material that forms the basis for this analysis consists primarily of my field notes from participant observation as well as transcripts and video files from the focus groups with pupils. When I quote situations from the focus groups, I have tried to “thicken” the transcriptions by filling in what is going on besides the speech acts by drawing on the video-files.

8.1.3. Approach

The unit of analysis for this chapter is the process of interaction (the encounter). I am not interested in the acts of individuals as such, but in what the individual does in the interaction with the other individuals in the setting. I am

interested in what happens between individuals; in how identities are constructed and performed in the interaction process in the specific situation. In order to examine interaction processes or encounters as the unit of analysis, I started by demarcating interactions where health played a role in my empirical material, splitting the field notes as well as the focus groups into encounters. Afterwards, I examined these encounters as situated, relational interactions, which means that I focused on the interaction as relational. This entailed looking at the linguistic and bodily actions of the different actors, at which expressions they were giving and giving off, how they tried to impression manage and how the other actors responded to these actions. Moreover, I paid attention to the context, to how these interactions were situated in the context by asking questions such as: How are the rules of and roles in interaction in this type of situation? Are the actors following and reproducing the rules and roles or are they negotiating and transforming them?

8.1.4. Presenting the analysis

In the presentation of the interactionist analysis in this chapter, I present examples of interactions in their entirety followed by my analysis of the interactions. In my analysis, I also draw on events I have experienced, my knowledge of the children and the teachers etc. and therefore refer to descriptions in Chapter 5. When I do this, I explicate this information in order to make my analysis of the interaction transparent. The point of this analysis is that in order to understand the meaning of what is said and done in the interaction, one must analyze speech acts and bodily acts in the context. The meaning of what an individual does or says can only be fully understood by seeing it in the context of what the others say and do, i.e., as part of the interaction. In other words, the meaning lies in the “in-between”. This also means that in order for the analysis to be transparent and comprehensible, the data cannot be reduced and represented in tables and displays as in the previous chapters.

8.2. Negotiating and performing non-risk and risk identities

In the previous chapter, I argued that teachers construct the risk identities of the constrained and unrestrained child as opposed to the ideal of the moderated child. In the following analysis, I try to illustrate how these risk identities and the ideal of the moderated child are articulated in different ways by teachers in the encounter with pupils, and how interactions where teachers perform risk and non-risk identities on pupils come to function as identity lessons in health for the children. Moreover, I seek to show how the children do not merely take on the risk and non-risk identities but also negotiate the identity

lessons in the interaction with the teachers as well as in the interaction with their peers.

I start by examining how teachers construct the risk identity of the constrained child in the interaction with the pupils and how the pupils negotiate and perform the constrained in the interaction with teachers and with each other. Afterwards, I examine how the unrestrained and the restrained are negotiated and performed in the encounter between child and school. The final part of the analysis examines how the performance of health identities also becomes a negotiation and performance of other identities. Here, I focus on gender, since gender is the most salient and legitimate identity in the class (cf. Chapter 7) and because many of the gendered interactions center on negotiations of bodily aspects of health.

Throughout the analysis, I try to uncover the strategies of teachers and pupils in these interactions, that is, what kind of resources, roles and rules they draw on when performing and negotiating health and identities. In other words, I focus on teachers' and pupils' agency in the encounter between health policies, teachers and children in the school.

Before turning to the analysis, I will briefly comment and reflect on what I do not see in the encounters in the empirical setting of the dissertation. What is perhaps striking about the analysis of the empirical material is that the risk identities that teachers construct and employ when talking about children, for example with their colleagues or with me, are not explicitly performed on individual children in the interaction. In other words, the analysis does not point to a clear stigmatization of children at risk. Instead, the identity lessons that teachers carry out in the interaction with the children take a more general form and are addressed to the entire group of children. Moreover, the identity lessons are implicitly performed on the children as a part of teaching or other interactions. While the literature on clientelization and problem identities in welfare encounters and the literature on problem identities such as the troublemaker in schools show how identity lessons sometimes take the form of stigmatization, this dissertation thus points to another form of identity lessons.

I argue that this has to do with the character of this case. In this dissertation, I focus first of all on the encounter between child and school, which is an encounter between the wide (normal) population of citizens and the state as I discussed in the theoretical framework in Chapter 3. The citizens in the study – children – are thus (in general) untroubled. Moreover, the policy area of health promotion and prevention is also characterized by addressing the health of the wider (normal) population. As I argued in Chapter 7, the identities that are constructed in the encounter between health promotion policies,

teachers and children take the form of risk identities, which are general identities that do not revolve around a specific problem but rather a characteristic of the child (for example a social identity or a moral character trait) that could potentially become a problem. Risk identities are thus less specific and more generic, which can also explain why identity lessons in terms of stigmatization are less prevalent in this case. Likewise, how the children act and pursue their interest in the empirical setting of the dissertation also differs from studies of identity lessons in problem identities. The children in this study do not rebel against teachers by forming counter-identities or by seeking to turn stigma into status (like the ethnic minority boys in Gilliam's study or the British working class boys in Willis' study). Instead, they actively engage in negotiating the civilized with the teachers. They do not (necessarily) accept the teachers' definitions, but they do not turn against them and form their own parallel hierarchy. They draw on resources, rules and roles available to them and challenge the ideal of the civilized that teachers present to them.

However, when we focus on the identity lessons that children perform on each other, the stigmatizing character of identity lessons actually manifests itself, as we will see in the analysis.

8.2.1. Identity lessons in the constrained

In the following, I describe a situation I observed at Sønderskolen. The interaction constitutes a situation where health is explicitly on the agenda in a natural science class, where the pupils are supposed to analyze food product labels they brought from home, in order to evaluate whether the food is healthy or not. What is interesting about this interaction between teachers and pupils is that it illustrates a tension that sometimes arises between understandings of health as physical health rooted in the biomedical paradigm, and the teachers' understanding of their role as civilizing the children to become moderate citizens:

Field notes, June 2016, Sønderskolen

It's 9 am and the class is ready for science and technology. The teacher's name is Ida. She is a newly graduated teacher, and she is accompanied by the assistant teacher Christoffer, who is studying to become a teacher. Ida asks the pupils to take their books in their basket. Today, they are doing the exercise called "read a lunch." "Last time we looked at your lunches, and you had to examine the ingredients in your food. With what you've learned, I think you have the tools to assess what's healthy and what's not healthy, what's good for you and what isn't." She asks the pupils to read the assignment aloud. They had to bring product labels from home, which they will analyze and make a video about. Ida: "Think about what you've learned, what is good to eat a lot of; what's not so good to eat a lot of. Feel free to add a comment to your analysis of the product label about

whether it's healthy or unhealthy." The pupils start their group assignment. Mille picks up an organic müsli bar and says, "it's organic, it's really good," and then says to Christoffer: "Christoffer, are carbohydrates good or bad?" Christoffer walks over to Mille, squats at the desk and responds: "There's nothing that good or bad; everything is bad if you eat too much of it." "Aha, but is it healthy?", Mille asks him while she rolls her eyes. "It's all about how much and how you eat it," Christoffer responds again, "it's not healthy or unhealthy as such." Mille looks at him with resignation. Many of the pupils have forgotten to bring a product label from home, so Liv asks Mille and Naja, who did bring product labels, if she can borrow one of theirs. She can't. "We need them," they say. Christoffer interrupts and says, "You're so mean. It's not solidary; it goes against Danish moral. You can just take a picture of it." Mille and Naja ignore him and leave the classroom saying, "We need them."

The teacher Ida starts out by presenting the assignment of the day. She explicitly tells the children that they have to judge whether something is healthy or unhealthy based on the knowledge they have acquired so far in the subject "science and technology" ("natur og teknik"). Mille asks Christoffer (the assistant teacher) whether carbohydrates are good or bad. In light of Ida's speech and the teaching material, this is not a surprising question. They are asked to determine whether the food in question is healthy or not. Mille is thus expecting Christoffer to give an authoritative and correct answer because he is the teacher and she is the pupil asking him a question. Christoffer walks over to Mille and answers. He is drawing on the legitimacy and authority of his professional role, but he does not give Mille the answer she is hoping for. He answers by stating that nothing is good or bad per se, it is about the amount you eat. In other words, it is about moderation. Christoffer is thus drawing on the idea of health as moderation and the healthy child as the moderated child as opposed to the constrained child and the excessive preoccupation with healthy diet (cf. the previous chapters). Mille exclaims "aha" while rolling her eyes and thus expresses irritation with this answer. She knows that it is about moderation, but she does not want to hear that now. She does not want that lesson in moderation, she wants to know whether carbohydrates are healthy or not. This is the assignment she was given. Mille is one of the pupils in the class who talk a lot about what is healthy and unhealthy food. On several occasions, she has told me with pride in her voice that they only eat organic, gluten-free and lactose-free products in her family. She is thus a child who perceives herself as someone who knows what is healthy and what is unhealthy, and this understanding of health has to do with physical health, and more specifically with a rather strict diet. This also makes her someone who may be "constrained" in the eyes of the teachers.

Mille switches words from “good and bad” and asks whether carbohydrates are “healthy”. By doing so, she tries to define the conversation as a conversation about health in the biomedical sense instead of having a discussion about the good and moderated life. Christoffer is not only trying to define health as moderation in this situation. He is also drawing on his professional knowledge as a natural science teacher and trying to make a point about the composition of the food and all the things we need as humans to function. However, he is not only trying to educate Mille and the others. He is also trying to civilize them, which becomes more apparent when he then states that nothing is healthy or unhealthy per se, it is about how much and how you eat. In other words, it is not just about what you eat and how much, but also how. It is also about your approach to health. Mille just looks at him. She does not really accept his answer, but she accepts his authority as a teacher and lets it go.

The interaction is not over. Some of the pupils have forgotten to bring labels from home. Mille and Naja, her partner for the assignment, have several labels but do not want to share. Christoffer then chooses to explicitly call their behavior un-solidary, immoral and un-Danish. Christoffer didn't get through to Mille before with trying to define health as moderation, and this way of pointing out the immoral, anti-social and excessive character of Mille and Naja's behavior could be another attempt at civilizing the girls. Mille did not accept his knowledge about health, but she did accept his authority as a teacher, and he thus draws on this authority by reprimanding their behavior towards their peers. However, Mille and Naja just walk out of the class to do the assignment. They draw on the rules of the school: they remembered to bring labels from home, hence they are good and deserving pupils while those who forgot to bring labels are not. Moreover, Ida (who is the real teacher) is not interfering and they can thus dismiss Christoffer's statement.

This interaction illustrates how teachers perform identity lessons in the moderated as the healthy and the constrained as the unhealthy. It also illustrates that children do not merely accept the teachers' lessons but try to define and negotiate the situation by drawing on different resources available to them in the social setting.

This encounter between teacher and pupil is interesting because it illustrates how some of the tensions discussed in the previous chapters manifest themselves in the interaction between teachers and pupils. The teaching material that Ida and Christoffer have brought to the class represents an understanding of health as physical health rooted in the biomedical discourse. However, there is an underlying tension between the educating project of the

teaching material and the teachers' civilizing project. Moreover, there is a tension between the pupils' understanding of health as physical health (diet and exercise) and the teachers' understanding of health as moderation.

The situation described above represents an encounter where it is the meaning of health that is being negotiated more than it is risk identities that are being negotiated and performed. The following situation more explicitly takes the form of an identity lesson, although the meaning is somewhat difficult to grasp.

Field notes, October 2016, Vesterskolen

Today is the schools' exercise day. The last Friday before fall break. We are sitting in the classroom where the teacher records absences and gives the pupils brief messages before they start on the different activities they have elected, e.g., running, cycling, roller skating, step, Zumba, etc. Pupils who cannot participate due to sports injuries will be at the different posts along the route with the teachers. The pupils are sitting at their desks in their sportswear chatting. The atmosphere is light even though Amanda and Silje are complaining that they have to run 10K. Casper is joking that he will run along with them the whole way to make sure that they are running. Everybody can feel that it is a special day. That there are no normal classes. That vacation is coming up. When Casper has called the names and given some brief messages, there is still some time before the exercise day begins. We are sitting in the classroom. People are chatting but re not being noisy. Casper is sitting behind the teacher's desk. I'm sitting in my spot next to Alma and across from Patrick. Casper looks at me and says, "It's typical of Muhammed. He never shows up for these things." Muhammed is absent. "He's signed up for cycling, and then he doesn't show up. It's the same every time," Casper says to me. The other pupils are looking at Casper. They clearly hear what he is saying, but nobody says anything. "OK, why do you think that is?", I ask a little uneasy. I am aware that the others are listening to our conversation. I can feel that I think it is uncomfortable to talk about Muhammed like this in front of everyone, but on the other than I would like to hear what Casper has to say. "I'm not completely sure," Casper responds, "he just never shows up for these things," Casper sighs. He sounds annoyed. "It's actually true," Patrick interrupts.

In this situation, Casper the teacher makes a statement about the pupil Muhammed and evaluates his behavior. The interesting thing is that the teacher is not directly reprimanding the children in the classroom. Instead, he is talking about a child who is not present, and he is talking to me, but in front of the class. By engaging in grownup talk with me, he is making an implicit statement to the class. Casper is drawing on his professional role as a teacher and making an evaluation of a child and the child's behavior, which is what teachers do, but he is also drawing on his social role as an adult and talking to another

adult. By doing so, he makes it more difficult for the children to engage in the interaction and negotiate the definition of the situation. He is starting a type of interaction that excludes the pupils (at least to some extent). What does Casper want to achieve by starting this interaction? If he wanted to explain something to me, he could easily find a time we were alone. Instead, he chose to make the statement in front of the whole class, which could be interpreted as him wanting to make a point to the class. Casper wants to make a statement about Muhammed's behavior (not coming to the exercise day). He wants to make a point about not participating in these events and how that is not good. Casper cannot talk badly about Muhammed to his peers, but he can evaluate and show concern about or irritation with a pupil's behavior to another adult. That is considered appropriate interaction between adults. Addressing me could then be a more or less conscious strategy by Casper to perform the identity lesson. The lesson is that children should participate in exercise day because that is part of being a civilized and good pupil. Although Casper considers the class to be a good class, he also complains about their teenage attitudes (cf. chapter 5), and this could be an opportunity for him to make a statement to the class about appropriate behavior.

Muhammed is physically active in his spare time. He plays soccer in a sports club in his neighborhood, which is in one of the so-called ghetto areas of Aarhus. In other words, he is not lazy and physically inactive. He is not an unrestrained child. However, he does not want to come to these sports events. Casper says he does not know why, but he clearly perceives this as a pattern in Muhammed's behavior. I argue that a possible analysis of the situation could be that Casper interprets Muhammed's behavior as a sign that he does not like to expose himself in front of his peers from school and the teachers. In other words, that Muhammed is a constrained child. A reason that Casper does not explicitly say in front of the class is that he may perceive Muhammed's constrained character as linked to his religious and cultural background (Muslim of Middle Eastern origin). As Chapter 7 illustrated, teachers sometimes articulate constraint together with ethnic and religious minority children, more specifically Muslims, linking their constrained character to their religious background. However, articulating Muhammed's religious background in the situation described above would probably not be considered legitimate, and Casper thus avoids my question why Muhammed does not want to come, while still carrying out an identity lesson in appropriate health behavior towards the pupils present in the class.

The question of being constrained or being "too much" also comes up in interactions between pupils. The following quote illustrates such a situation:

Field notes, October 2016, Vesterskolen

It's recess. I'm in the X class in "my" seat at a four-person table right next to the couch. The couch is full of pupils. The others are sitting around in class, eating or looking at their phones. A few boys have gone to the supermarket to buy lunch. We talk a little bit about going to the supermarket. "Not very many people bring their lunch. You should check it out. They want to lose weight, so they think that they can starve themselves, but that's not right. You just have to eat more healthy food," Patrick explains. "You can't eat too much either," says Alma. "No, just more healthy," Patrick responds. They start to talk about Dicte, a former pupil in the class who was anorexic. "She moved around all the time. If she had to pick up her notebook in the box, she took a really long detour, and she got up from her chair all the time. It was super stressful," says Amanda and demonstrates how Dicte ran around in the classroom during lessons. Alma says, "She also ate crumbs and looked at other people's food." The girls explain that Dicte's father came with her to Marie Louise's birthday party to make sure that Dicte ate some of the rice pudding. "But she just fooled him," they say, "and what about the time she ran away from the youth club and someone called the police and stuff. In the end, Patrick and Mehmet found her," Amanda says. Patrick describes how they finally found her in the bicycle shed after looking all over the place. "She was anorexic, and now she goes to a private school in the city," Amanda says.

In this interaction, Patrick and Alma start out by discussing what appropriate healthy eating behavior is. They do not completely agree. However, by constructing an "excessive other", Dicte, who no longer attends the school, they can all agree on a definition of the situation. They all agree that Dicte was too much, too constrained, too excessive. She was sick. Constructing this excessive other becomes a way for the children to perform healthiness (moderation or "candy and sports") and to collaborate on maintaining each other's faces. Dicte was not only too much with regard to eating; she did many other things that the children found crazy and wrong (like running away). Being anorexic is thus (not surprisingly) a risk identity that children draw on when performing the role of healthy children.

In some situations, the children challenge each other's health identities more directly. I observed the following episode in June 2016 during the Ramadan. It is a conversation between girls from both classes at Sønderskolen. Nadin, who is a Muslim, fasted during the Ramadan, and this led to a discussion of the healthiness of fasting:

Field notes, June 2016, Sønderskolen

I am sitting with Mia, Mille, Nina and Kirstine from the A class, and we are eating our lunches. Nadin and Amira are sitting next to us. Nadin does not eat; she is fasting. Ramadan started yesterday. Amira is also a Muslim, but she does not fast. She cannot do it, she says. She thinks that Nadin is tough for going through

with it, and she says that she will not eat anything in front of Nadin out of sympathy. Nadin says that it is nice of her. People from Nadin's class are eating and drinking right in front of her and saying "mmm delicious" to tease her, she says. Nadin says that she is hungry. I ask if she eats something before sunrise, and she does. Her stepdad wakes her up, and they all eat together before going back to bed to sleep some more. Her younger siblings do not fast. They are too small. I ask Nadin how old she was when she fasted for the first time. She was too young, she says, only eight years old or something. But it was because she really wanted to. "I am very religious, or I don't know, I probably wasn't – just very brave". Mia asks if she is not even allowed to drink water during the day. "No," Nadin responds. "But aren't you allowed to drink water!?" But that is not healthy," Nina exclaims. "Yes, it is," Amira and Nadin say in unison. "It is healthy to fast," Nadin says. "It is not healthy not to drink water," Nina responds. Amira backs off and eats a bit of her food.

In this situation, Nadin is trying to present herself as a brave, restrained and good Muslim. With her statements filled with admiration as well as her attempt not to eat, Amira is accepting Nadin's definition of her identity as a good and restrained Muslim, as a civilized person. Nadin and Amira thus agree that fasting is an expression of a moderate and healthy character. Both girls are drawing on the roles and resources rooted in their socio-cultural context (e.g. the good Muslim with a healthy soul and character). However, the other girls are challenging this definition of the situation by drawing on a biomedical understanding of health as physical health and the importance of drinking water. Nina exclaims with firmness that it is not healthy not to drink water. Nina is one of the girls in the class who is very focused on what a healthy diet is, and in this situation, she draws on her status as someone who knows about health to make her definition of Nadin's acts the valid one. Moreover, since Nina is a pupil in the "good and inclusive class", while Nadin frequents "the impossible class" (cf. chapter 5), Nina can also draw on her status as one of the deserving children in this interaction. Nadin and Amira collaborate on saving Nadin's face as well as the understanding of fasting as a beautiful and brave act, by stating that it is healthy to fast. However, Nina challenges this attempt by repeating her previous statement. By stating that it is unhealthy not to drink water, she is also performing an identity lesson on Nadin and Amira. She is implicitly constructing people who fast (and do not drink water) as unhealthy or more precisely as "too much" or too constrained.

The analysis of the episodes above shows that teachers as well as children carry out identity lessons in the risk identity of the constrained child and draw on different resources, roles as well as rules in these performances. Moreover, the analysis illustrates that these identity lessons acquire a general character.

They are not necessarily directed at a particular child. Instead, they are directed at the audience – the classroom of children – for example in the episode where the teacher Casper is talking about Muhammed and the situation where the children talk about an “excessive other”, namely Dicte, who is no longer in the school. The identity lessons are often rather implicit, that is, they do not take the form of explicitly reprimanding a child for his or her behavior but are weaved into conversations about health in general, as the interaction between the teacher Casper and the pupil Mille and the situation where Nina and Nadin discuss fasting.

This section also points to how the tensions between the biomedical understanding of health and the understanding of health as having to do with the individual’s moral character (see also Chapter 6 and 7) are also articulated in interactions in everyday life.

8.2.2. Identity lessons in the unrestrained

In this section, I examine identity lessons in restraint, that is interactions where the unrestrained is constructed as the “bad” while restraint is constructed and performed as a virtue both in the encounter between teachers and pupils and in the encounter between pupils. I argue that restraining yourself from doing unhealthy things is constructed as an ideal among teachers as well as pupils, but the lessons in restraint acquire a different meaning in the interaction among children. While the identity lessons in restraint that teachers perform are about being civilized, performing restraint becomes a way of negotiating status in the peer group for the children.

The following description of a short episode that transpired in a history class illustrates how the issue of health and moderation is articulated in everyday school life in a class that has nothing to do with health and lessons in health. It is a history class and the pupils are studying the US and US history. Still, I argue that this short interaction constitutes a lesson in health and moderation; maybe not an intense lesson, but one of these mundane everyday life situations where the encounter between teacher and pupil becomes a lesson in how to be a healthy, moderated and civilized child:

Field notes, May 2016, Sønderkolen

The history teacher Ruth enters the classroom. She is in her 50s and has worked at the school for many years. I’m sitting next to Mia because Sara is on vacation with her mother. The history teacher greets me kindly but briefly. She seems fairly unaffected by my presence. The class is studying the USA as a theme. The groups work with different topics. The pupils sit down in groups, open their computers and search for information about their topics. There’s a lot of chatter. One group has problems deciding on a topic. Ruth comes over and sits down. She asks what they would like to work with. The pupils hesitate to answer. “Can’t

you make a suggestion?,” says Naja despondently. Ruth thinks for a minute and then says out loud: “Where in the world do the fattest people live?” One of the boys says that it’s actually not in the USA but in Mexico. “Okay, what about American movies?”, Ruth suggests.

The interaction is part of a teaching situation where the teacher is helping the children with a problem related to the subject. They cannot come up with a theme for their assignment. They ask the teacher for help. The teacher is thus acting in her professional role and drawing on the authority this role provides her. She suggests a theme by asking a question to which she already has an answer. This pattern of interaction is typical for the interaction between teacher and pupil. The teacher as the professional has knowledge and expertise and asks the pupils questions to which they have to give a certain answer. However, the way she asks the questions is slightly different from the typical interrogation of pupils. Since the theme is the US, both teacher and pupils know that the topic for this assignment is related to the US. She asks “where in the world do the fattest people live?” The answer she is looking for must be the US. The way she asks the question, using the expression “fat” instead of “overweight”, suggests an implicit moral judgement of the American people in her question. She is comparing them with the rest of the world, including the implicit “us” (Europe or Denmark) who are less fat, more moderated and thus more civilized. Similar to how the pupils in the previous section constructed an excessive other (the anorexic girl), the teacher is carrying out an identity lesson by performing a risk identity on an “other”. One of the children dismisses her statement to some extent by saying that this is factually not true. He is challenging her statement and her knowledge, but not the implicit moral lesson. The school class where this episode occurred is “a good class” (the good and inclusive class, cf. Chapter 5) that seldom engages in conflicts with the teachers. They are also smart, and in this situation, the pupil is using his knowledge and status as a good and clever pupil to challenge what the teacher is saying, although not her authority or her moral claim.

What the teacher here does is different from what the teacher Casper did when he pointed out Muhammed’s behavior as problematic. Instead of performing a risk identity on one of the children in the class, she constructs an excessive “other”, which is different (and less deserving) than the civilized and moderated “us”. This “other” can, as in this situation, be other nationalities, pupils at other schools, extremely rich people etc.

Restraint as good and morally correct is also articulated in interactions between pupils – especially among girls – when they try to present themselves as restrained. The following episode is an example of such an interaction:

Field notes, March 2017, Sønderskolen

The teacher enters the class. The lesson is about to start. We all find our seats. There's some scuffle, chat and noise. I'm sitting all the way in the back, close to Naja. "Did you go to Dolce Vita for ice cream during recess?", she shouts to Nina and Esther, who are sitting up front. Esther and Nina turn around and look at Naja. Esther nods. "Yes, Esther did," says Nina. "We shared," says Esther. "Esther had one, I just had a bite," says Nina quickly.

This small interaction illustrates the performative aspect of health and identity in the encounter between children. Nina is a girl who is very focused on eating healthy, including not eating candy, and more focused on health than most of the other girls in the school class. When she is hanging out with her friend Mille, they often make healthy food like chia porridge. Nina and her older sister also have a dehydrator at home, so they can make healthy snacks (like banana crisp with no added fat). In short, Nina often presents herself as someone who knows things about what is healthy and who cares about being healthy, meaning that she cares about diet.

Naja is curious about whether Nina and Esther had an ice cream during recess, so she asks them. She asks them in front of the whole class and thereby puts Nina on the spot. Nina can potentially lose face, her role as the health-conscious and restrained girl who eats fruit when she is craving sweets, as she sometimes says. In order to save face, Nina engages in preventive practices; she negotiates the definition of sharing an ice cream vs. tasting an ice cream. The distinction between sharing and tasting an ice cream may seem slightly ridiculous, but whether Nina shared the ice cream with Esther or tasted it is important for Nina. If she only tasted it, she will be able to keep her position as a restrained and diet-conscious person because then she did not have an ice cream. However, if she shared it with Esther, then they both had ice cream. Both Esther and Nina try to present themselves as restrained in this situation. Esther by saying they shared the ice cream and Nina by saying she only tasted it. For the girls – at least for Nina – it almost seems to be a question of being more restrained or less unhealthy than Esther. This also points to the relative character of healthiness or restraint. For the children, this is often about being healthier than the others.

Even though there is definitely something at stake in the situation above, the struggle to define the situation is disguised. The girls are not overtly competing or challenging each other. This may be because of the social context this situation played out in. The girls are in the "good and inclusive class" at Sønderskolen where the underlying rules for interaction prescribe collaboration between individuals. The episode below resembles what was going on between Esther and Nina (the girls are also negotiating their healthiness) but has a much more conflictual character:

Field notes, September 2016, Vesterskolen

It's recess, and I'm sitting outside in front of the 7th grades' classrooms. I'm sitting at one of the round tables talking to Julie from the Z class, Vanessa from the X class, Iben from the Z class and a girl I don't know from Y. Julie and Vanessa are on the couch; Iben and the girl from Y are sitting at the table by the window. Julie is drinking from a blue bottle with flavored mineral water. Iben says that she's not allowed to drink that on school grounds because it's a soft drink. Julie replies sharply that she certainly is because it's mineral water. Iben and the girl from Y laugh and say that it's the same as soda. "No it's not," Julie says and raises her voice. Iben and the girl from Y just laugh. Julie gets angry. "It's definitely not the same as soda." Iben and the girl from Y laugh even more. "Then juicy drop is also soda," says Julie. Iben and the girl from Y laugh even louder, they get up and leave in a fit of laughter. "I just don't understand why they were laughing," says Vanessa. "Because they're weird," says Julie quietly, "they are the weirdest people at the entire school," she adds. "So why aren't you allowed to drink soda in the school?," I ask. "Are you serious?," Julie asks with raised eyebrows, "it's unhealthy!"

Iben initiates the interaction with Julie by reprimanding her for having soda on school grounds. By drawing on the rules that prohibit soda in the school because it is unhealthy, Iben is presenting herself as a restrained and healthy teenager. She is not only performing the role of the restrained and rule-abiding child by conforming to school rules, she is also giving the impression that she thinks the rules should be upheld by reprimanding Julie. She is thereby presenting herself as someone who cares about health and insinuates that Julie does not, that Julie drinks soda even though it is unhealthy. The rules of the school enable Iben to position herself against Julie in the interaction.

Julie is not popular in the class. She belongs to the "left-over group" of girls (cf. chapter 5), and although she practices soccer in her spare time and is physically active, she is a bit chubby, and Iben reprimanding her for breaking school rules and drinking something unhealthy may hit a nerve. At least the way she tries to prevent losing face is very proactive. She rejects Iben's definition of the situation in a sharp voice: She is not breaking school rules nor is she doing something unhealthy. She is not drinking soda.

When Iben starts laughing, she dismisses Julie's attempt to protect herself and save face. Iben also changes the pattern of interaction. She is no longer trying to engage in communication with Julie but rejects all Julie's efforts to reach a definition of the situation and of the meaning of Julie drinking from the blue water bottle. She humiliates Julie by responding to her speech acts with laughter instead of other speech acts. Julie makes a last attempt to save face by saying that if flavored sparkling water is soda, then the Juicy Drops

(which Iben sometimes drinks) are also soda. Iben and the girl from the other class keep laughing as they walk away.

This interaction illustrates that health is not only a category that is constructed by drawing on other social categories, as the previous chapter showed. Health also becomes a social category in itself and thus a way for the pupils to position themselves in the interaction with others. Being healthy (showing restraint) becomes a role associated with status among the pupils. The rules of the school function as resources the pupils can draw on in the interaction, in the negotiation of their roles in the interaction.

These two episodes illustrate how health becomes a way for the pupils to distinguish themselves from others, position themselves in relation to others and acquire status. In this process, the pupils draw on different resources, roles and rules that are available to them in the social context in which the encounter takes place. By becoming a question of status in the peer group, health also acquires a moral dimension – it becomes a question of the worth of the individual. However, the health roles or health identities and the status associated with these roles have a more fluid and situational character among pupils than among teachers (cf. Chapter 7) where the moral aspect of health identities becomes a question of the inner moral character of the child. The following story illustrates that identities as unhealthy are changeable.

Field notes, September 2016, Vesterskolen

It is an unusually hot day for September. I am sitting outside on the lawn by the apple tree, eating lunch with Zahra, Karla and Mette. The three girls form a trio they tell me, because they all love books. Especially books like *Divergent* and *Hunger Games*, and the other girls in the class don't. They haven't always been friends though, they tell me. Mette transferred to the school from a small village school in 5th grade. "Before, I used to hang out with Clara, Filippa and Caroline," Karla tells me. Zahra didn't really have any friends. "It was back when I was Nutella," she says to me. "What do you mean?" I ask. "Well I used to be rather fat," Zahra replies. Karla and Mette giggle. Karla looks down at her black converse shoes. "But I don't like saying that I was fat," Zahra continues, "so I always say back when I was Nutella". "I still don't really get what you mean with Nutella," I say. "Well you know, I was soft and brown and fat like Nutella," Zahra replies. "Ah so that's why you call it Nutella," I say. "Yes, because Nutella is something nice, it sounds much better than saying I was fat". Mette and Karla quickly jump into the conversation to tell me that Zahra has lost a lot of weight and that is really cool of her. "Yeah," Zahra says, "and then when I lost weight all the girls wanted to be friends with me, but I was like 'go fuck yourselves – I don't need you, I have my books, I have Harry Potter'".

This small story captures an important point of this chapter, namely that being healthy (or unhealthy) is not just a physical state of the body or a mental state

of the mind. Health is also linked to the formation of identity and status. Being fat – or being Nutella – for Zahra becomes a question of who she is in the social world and hierarchy of the school class. In other words, a question of identity. However, the story also illustrates that this identity and the status associated with being healthy is changeable. Zahra has lost weight, now she no longer fat, she is no longer Nutella and hence she is no longer an outsider in the class. She is now good friends with the popular girls. She is worthy, and both Karla and Mette try to protect Zahra's face in the interaction with me by stressing how good she looks now. When Zahra was fat, she was an outsider, but this does not mean that she didn't have other resources to draw on, other social roles. She has always been fond of books (of Harry Potter), which was a way for her to become friends with Mette. Zahra has resources now both in terms of her slimmer body and her friendship with Karla and Mette and the position that gives her in the social hierarchy of the class. This enables her to redefine the "old" Zahra to "back when I was Nutella" instead of "back when I was fat".

Overall, the analysis of the empirical material shows how identity lessons in the unrestrained are also performed on children both by teachers and by pupils. Where the identity lesson of the teacher is general and implicit and carried out by constructing an excessive other (similar to identity lessons in the constrained child), the identity lessons that children give each other in being unrestrained and unhealthy are more explicit and aimed at the individual child. In the interaction between pupils, the identity of being unrestrained can become a "spoiled identity" and the identity lessons take the form of stigmatization. For example, Iben breaks the rules for interaction between classmates in the school and just walks away from her conversation with Julie laughing at her. Likewise, Zahra's role as the fat Nutella girl meant that the other girls did not want to talk to her.

Zahra's story illustrates another point, namely that being "Nutella" is also informed by other identities than being fat. For Zahra being fat becomes intertwined with other characteristics of hers, namely having a different skin color (being brown). She is not Danish, but an ethnic minority girl. In the following section, I look into how other social identities inform the negotiation and performance of health identities. More precisely, I examine how the construction, negotiation and performance of non-risk and risk identities also become the construction, negotiation and performance of gender – of femininity and masculinity.

8.2.3. Performing and negotiating health and gender identities in the encounter between teachers and pupils

In this section, I examine how the construction and negotiation of health identities are transformed into performances of gender identities. As the previous chapter showed, risk identities are constructed in policies and among teachers by drawing on social identities such as social class, ethnicity and gender. The teachers thus specify or fill out the risk identities of the unrestrained and constrained child by drawing on social class, ethnicity and gender. However, when we examine the construction of risk identities in the encounter between teachers and pupils, ethnicity and social class are seldom explicitly articulated (but are implicit in some of the identity lessons teachers carry out). Gender, on the other hand, is more often explicitly articulated both by teachers and by children in the interaction. As mentioned in the previous chapter, this may be because gender is a legitimate category in the school class. Distinguishing between boys and girls is seen as completely natural and uncontroversial. Moreover, health and gender may be intertwined due to a link between health and the body. In biomedicine, bodies are divided into males and females just as naturally as children in schools are.

In the following, I start by presenting and analyzing situations in which teachers perform identity lessons in health and gender in the encounter with the pupils and how these identity lessons are negotiated by the pupils in the interaction with the teachers. I then examine how performing health identities also becomes a question of performing gender identities in the interaction between pupils. More precisely, I focus on how negotiations and performances of health are linked to negotiations and performances of femininity. The reason I choose to focus on femininity is that this pattern is much more prevalent in my empirical material. There may be various reasons, one being that femininity is more intertwined with health than masculinity, or that boys in this age group are not (yet) as preoccupied with their health as the girls. Another explanation could be that I as a woman had better access to “girl talk” than to “boy talk” (cf. the discussion of positionality and internal generalizability in the methodological chapter).

“Never ass and face in the same picture”: negotiating the meaning of a moderate sexual identity

Sexual health is a mandatory part of health education in the Danish public school but is referred to as “an hour-less subject” or “non-scheduled subject”, which means that the topic should be incorporated into the daily teaching in other subjects. The following observation was made during a sexual health lesson at Vesterskolen. Bo, who teaches Danish and History and is the primary

teacher of the class, had decided to show a documentary on revenge porn in his class to address the issue of appropriate online behavior as a sexual health education topic. The documentary *Young, Naked and Exposed*¹¹ was made by the Danish Broadcasting Corporation (DR) and broadcast on DR3, a channel with young adults as its target group. The passage below is an excerpt from my field notes on the day Bo showed the documentary in 7.Z:

Field notes, September 2016, Vesterskolen

“OK, let’s watch a film,” Bo says in a loud and clear voice as he enters the room. “Yes!” The pupils are excited and start to move the couch up in front of the whiteboard and sit down. “I know that it may not be relevant to you right now, but it will be. It’s something that happens as early as 6th grade. See it as a warning,” says Bo and starts the film. It is the documentary *Young, Naked and Exposed*. When the clip appears where Esben Bjerre¹² is in North Zealand, Bo says, “that’s is the most expensive place to live in Denmark.” When the film is over, Bo asks the pupils why they think he showed them this film. Julie raises her hand and says, “so that we see the consequences of taking nude pictures of ourselves.” “Exactly,” says Bo. Karla says, “but I don’t think it was her fault.” “No, but when you send a picture to a boyfriend or a flirt and you break up or fall out, they may share the picture and your education and life may be ruined,” Bo responds. Mette asks why only girls have their pictures shared. “Good question. Does anyone have an idea?”, Bo asks the class. Without raising her hand, Karla shouts, “because girls are better people than boys.” The class laughs. “That’s one answer,” says Bo. He goes to the blackboard, picks up a piece of chalk and writes in big letters: “Moral sanctuary.” He turns to the class and starts to explain while he paces back and forth in front of the blackboard: “When boys get together, something unfortunate ... or it can be really fun too ... something that’s called a moral sanctuary where you do things you are not supposed to be doing. You break rules. That’s why when a window at the school is broken or a moped is stolen, 9 out of 10 times it’s who?” The boys shout in unison, “girls!” and the whole class laughs. Bo continues, “It’s boys! That’s just the way it is. It’s a gender thing. The other thing is that even if a nude picture of a boy was posted, it wouldn’t be the same. It would just be, ‘oh shit, look at his dick, he’s naked, ha ha’”, says Bo, imitating a goofy boy’s voice. “When I was young and hooked up with three girls in one night, I was what?”, Bo asks. “A player”, some of the boys shout. “That’s right! I was a stud. But if Filippa did the same thing, she would be what?”, Bo asks and points to Filippa, who’s in her seat. “A cheap slut!”, Karla shouts. “Yes, and that’s just the way it is, and it’s completely unfair, and you girls can yell and scream as much as you want,” says Bo, imitating a shrill girl’s voice, “but it’s not going to change. At least not in my lifetime,” Bo establishes. “My daughter once said to me, ‘it’s no longer like that, Dad’, but it is, and I don’t think

¹¹ *Ung, Nøgen og Udstillet*.

¹² Danish radio host.

it's going to change," Bo continues. He pauses and says emphatically, "So the moral is: Don't take nude pictures." Alice raises her hand. Bo points to her: "What did you want to say, Alice?" "But I just don't think it's her fault," says Alice about one of the girls from the documentary whose picture was shared. "Yeah, what about the girl who had sent them to her boyfriend?", Karla adds. "Your boyfriend who you love now may not continue to be your boyfriend," says Bo. Caroline is sitting with her hand raised, and Bo asks her what she wants to say. "Can't you just go to each other and show what you have to?", Caroline asks. The whole class laughs. Bo: "Good question. But that's how young people flirt nowadays. Mathilde, it's you, your generation, maybe you can tell us more about that," Bo says to me.

This encounter between the teacher Bo and the class illustrates how a lesson in sexual health becomes a lesson in moderated sexual health behavior. For the teacher this interaction has a civilizing purpose. It is about forming the children's approach to sexuality and sexual health in order to make them moderate and civilized. However, the example also shows that the children do not merely accept and internalize the teacher's definition of appropriate sexuality, as the following analysis of the encounter will clarify.

By starting out with the statement "see this as a warning", Bo makes it clear to the pupils that he is about to give them an important lesson. This is further stressed when he asks after the documentary, "Why do you think I showed you this documentary?" By asking in this way, he engages in a common practice in the classroom: the teacher asks questions and the pupils come up with the right answers. He thus draws on the legitimacy and status that comes with his professional role as a teacher to establish himself as someone who can define right and wrong answers. He is using his professional status and authority to give legitimacy to his message.

What is the message or the right answer that Bo wants to communicate to the children? Bo is in this situation articulating the risk identity of the unrestrained child that I discussed in Chapter 7. In this situation, the unrestrained child is the (female) teenager who takes nude selfies of herself and sends them to boys. The lesson Bo wants to teach the children is a life lesson: if you take nude pictures of yourself, they will be shared and your life will be ruined. In other words, if you cannot show restraint with regard to your sexuality, it will have consequences for you. Bo thus wants the children to show moderate sexual behavior. Although this apparently only applies to taking nude selfies and not to the practice of sharing nude pictures.

The civilizing character of this lesson manifests itself explicitly in his choice of words: the moral is do not take nude selfies. This encounter thus constitutes a lesson in appropriate (restrained) sexual behavior and (perhaps

even more pronounced) in femininity and masculinity. Bo is normalizing unrestrained behavior among boys by stating that it is part of boys' nature to break rules when they are together because it is "a gender thing". Being unrestrained is thus a part of being a boy, it is linked to masculinity. This also applies to unrestrained sexual behavior like kissing multiple girls in one night. Girls, in contrast, need to show restraint. If they are promiscuous, they will be judged. While the unrestrained rule-breaking character of boys is described as something natural, Bo refers to "norms in society" to explain why girls are not "allowed" to exhibit unrestrained sexual behavior. He is drawing on his role as a teacher but also on his role as an adult (referring to conversations with his own daughter) to give his statement legitimacy. While he describes the unrestrained behavior of boys as something natural, he also talks about norms in society that are unfair.

What is interesting in this encounter is that the pupil Karla does not accept Bo' definition of what is right and wrong. Without raising her hand as pupils are supposed to do before speaking in class, she exclaims that she does not think it was the girl's fault. She thus breaks the rule for interaction between teacher and pupil and thereby challenges Bo' authority as a teacher. She does not accept the interaction as a teaching situation where Bo as the teacher can define right and wrong answers. She is breaking the rule of the classroom and of the interaction both in the way she makes her statement, her bodily action (not raising her hand) and her actual statement (she disagrees with Bo). Karla is popular among her classmates and the teachers. She is a clever, hard-working pupil and member of the student council. In other words, she is one of the "good children" in the perspective of the teachers. In this situation, she is drawing on her status as a "good child", as deserving, to challenge Bo and negotiate the civilized ideal that he is presenting.

Bo accepts her protest to some extent. He does not reprimand her for not raising her hand, and he indicates that it was not the girl's fault. However, he also stresses that when a girl sends a nude picture to her boyfriend and it is shared, it is the girl's life that will be ruined. He uses an active form of the verb "send" (the girl sends the picture), but a passive form of "share" (the picture is shared), and thereby the protagonist of the story becomes the girl who is actively sending the picture. The risk behavior is taking and sending the picture, not sharing the picture. Thereby the unrestrained child becomes the person taking the picture; she is the person who needs to learn to show moderation.

Karla continues to challenge Bo' authority as well as his message. When Bo asks why girls more often have their pictures shared than boys, she provokingly exclaims that girls are better people than boys. She is smiling, suggesting that it is a joke, that it is not a real substantial answer to Bo' question. However, it is still hinting at where Bo is going, namely that it is in boys' nature

to break rules. A possible interpretation could be that she is exaggerating Bo' point and thereby trying to make it sound ridiculous. She continues this provocation by answering Bo' question about what Filippa would be if she kissed three boys in one evening with "a cheap slut". Not only is Karla for the third time breaking the rules of the classroom and answering a question without raising her hand, she uses an expression that the teachers normally do not approve of the children using (cheap slut) and about one of her friends who is present in the class. She has understood the answer Bo is looking for and tries to make his stance appear extreme and unfair by exaggerating the answer and using the expression "cheap slut". She is giving a provocative answer in a provocative way, but she can only do this without being punished because she is "a good child".

Karla is not the only pupil who engages in the negotiation of the identity lesson. Alice also challenges Bo' view that the girl is responsible and should restrain herself. However, she does not challenge Bo as directly as Karla. She raises her hand, thereby accepting the rules for interaction between teacher and pupil as well as Bo' authority as a teacher. Likewise, Caroline takes a mediating role, not accepting that you should restrain yourself from showing your naked body, but avoiding the documentation that pictures taken on mobile phones provide. None of the three girls converts to Bo ideal about restrained sexual behavior, nor do they rebel against his ideal by forming counter-identities. Instead, they try to negotiate the meaning of the risk identity of the unrestrained child. This example thus illustrates that children are not powerless agents in the encounter with teachers. However, it also shows that some children have more resources to draw on in this negotiation. Karla, who is a star in the class in the eyes of the teachers and has a strong position among boys as well as girls, is in another position to engage in the negotiation. She can challenge Bo' statement as well as his authority. She can call Filippa a cheap slut because of her position in the class, her likability, and her status of deserving among teachers. Hence, this example illustrates that children do have agency, and they do what they can with what they have.

A similar scenario played out in the other school class at Vesterskolen when their teacher Casper showed the class the same documentary. The following quote is from my field notes:

Field notes, September 2016, Vesterskolen

Casper turns the film off. The lesson is almost over, and he says that the class can watch the rest next time. "What do you think?", he asks. "I didn't know it was that bad," Patrick says with surprise and disapproval. "That's why I'm showing it now before you do something and it's too late. And I don't mean just taking pictures of yourself but also sharing pictures. Something you do for fun or because you're angry; once you've sent it, it's too late," Casper says. Alma, who

is sitting next to me, raises her hand. “I’ve heard something,” she says when Casper asks what she wants. “Never ass and face in the same picture.” “What?”, Casper asks. “Yeah, never ass and face in the same picture. Because then you can’t see who it is,” Alma answers with a serious face. The class laughs.

Like Caroline in the other school class, Alma is here negotiating what appropriate sexual behavior is. The teacher Casper is, like Bo, drawing on his authority as a teacher (and an adult) and warning the children. Unlike Bo, he problematizes both taking nude selfies and sharing them. However, Alma challenges his message about showing restraint and not taking nude selfies with her very practical advice about not having ass and face in the same picture. Unlike Karla, she is not challenging Casper’s authority. She follows the rules of the class and of the interaction between teacher and pupil, but she still tries to redefine appropriate sexual behavior by rejecting not taking the photos and suggesting another way to take the photos.

The girls in these two examples are challenging the civilized ideal of the restrained girl and the idea of control as a feminine virtue. In the previous chapter, the constrained girl was constructed as a risk identity, but here the unrestrained girl is the risk identity. Restraint and femininity are thus linked in complex ways. Excessive restraint is problematized by teachers (the constrained girls) but at the same time they see restraint as a feminine virtue, and to show restraint in relation to health (appearance, food, sexual health) is important for girls.

It is not only the teachers who link feminine health to restraint. This idea also appears in the interaction between the girls. However, this idea is also up for negotiation in the encounter between the children, as the following in section shows.

“Girls who say they are fat just want attention”: performing and negotiating femininity and health

During my time at the two schools, I observed (and participated in) interactions where girls talked about their appearances and whether they looked fat or not. These interactions followed a specific pattern. Some girl made statements about how she felt or looked fat, and the other girls in the group then assured her that she did not look fat at all. This kind of social ritual or conversational pattern is in the literature sometimes referred to as “fat talk” (Nichter 2000, Taylor 2011, Taylor 2011, Taylor 2016). Fat talk is a strategy for the individual to manage the impression that the people she is interacting with have of her. By calling attention to perceived flaws that can potentially be a stigma before others do, the individual engages in preventive practices in order to

protect her face or her role (ibid.). Moreover, the girl tries to give the impression that she is the kind of person who is concerned about how she looks but does not think she looks good (i.e., she is not full of herself) (ibid.). In other words, fat talk is a strategy to perform an appropriate restrained and feminine health identity. If the girl succeeds in presenting herself as restrained, the other girls follow the pattern of the interaction and play their role by making statements such as “oh no, you don’t look fat at all”, “you look great” or “you are so much slimmer than me” etc. Thereby the girls collaborate on protecting each other’s faces or restrained feminine health identities in the interaction. Fat talk is thus also a way to establish rapport and collaboration between the individuals in the interaction. Fat talk can also take the form of guilt talk, that is, the girls do not talk directly about their appearance but about their eating behavior, for example eating fattening food.

The following excerpt from my field notes illustrates how fat talk is used to establish rapport, collaboration and face maintenance in the interaction between girls:

Field notes, May 2016, Sønderkolen

In the short recess, I’m standing with Sif, Ingrid, Ea, Frederikke, Mia and Liv in the assembly hall. The girls are standing around one of the tall tables, looking at their phones and talking. Ea is a tall, athletic girl with dark hair who plays team handball on elite level. “You weigh almost nothing, Frederikke,” she says to Frederikke. Frederikke is a tall and skinny blond girl who hates sports. “And you don’t eat very much either,” Ea continues. The girls start talking about weight. Some of them want to be thinner, others a little fatter. “Just think if you could suck fat from a person and put it on someone else,” Ea laughs. “You can do that,” says Mia, “you can remove fat from other places in the body and put it in the butt for example,” she explains. “I would like to have a bit more fat on my body,” says Sif, who is a small, skinny girl with big, brown eyes. “Me too,” Frederikke adds.

None of the girls express satisfaction with the way they look. The thin girls make sure to stress that they would like to be bigger. The girls are competing to establish themselves among their peers, but they attempt to frame their competition as cooperation. However, in some instances the girls engage in more conflictual definitions of what a moderate feminine health behavior entails. In the following episode, Amanda is trying to start fat talk (guilt talk), but instead of following the sequence of the social ritual, one of the other girls, Alma, challenges her presentation:

Field notes, October 2016, Vesterskolen

It's recess. I’m sitting in the X class in my seat at one of the four-person tables. Across from me are Alma and Patrick. They are eating their lunch. The other pupils are sitting at tables or in the couch, eating their lunches or looking at their

phones. A few of the boys have gone to the supermarket. Amanda gets up from her seat, hikes up her low-waist jeans and throws something in the trashcan. She asks Alma something about electives, which they are having in the last lesson. Amanda and Alma have gym as elective and are doing a swimming program. Both girls do a lot of sports and are the only pupils in the class with gym as elective. Alma has told me with restrained pride that she swam faster than the boys from 8th grade at the last swimming session. "Oh my god, I don't feel like showing myself to the 8th grade boys in a bikini," Amanda says plaintively. I'm taking notes in my notebook. "She's writing it down in her notebook," says Alma. "Mathilde, you have to write that young girls because of idols think they are too fat," Alma continues, talking to me. She starts talking about girls who are always talking about being too fat. Amanda says something to Silje, who gets up, and the two girls leave the classroom. "Girls who talk about being too fat just want attention. They want to know they are beautiful," says Alma. "Hey, that's actually true," Anne joins in. "Hey, yeah," Juliane adds. Patrick says, "I don't get it. They might as well say, 'I'm ugly'."

In this situation, which I observed and took part in, Amanda started by saying that she doesn't want to show off her body in a bikini in front of the boys from the 8th grade. In saying this, she is trying to give the impression that she cares about her body and does not want to be flabby. She is also signaling that she does not think she has a perfect body. By sending these signals, she is trying to shield herself from hurtful comments on her body's flabbiness (although she is a completely normal 13-year-old girl). She is using fat talk as a protective device, which is a common practice among teenage girls (Nichter 2000, Taylor 2016). Amanda is also trying to present herself as a person who is conscious about her body and wants to look good but who does not think she looks good. She is not vain and full of herself. In other words, she is appropriately moderate when it comes to social behavior. However, unlike in the previous example where the girls followed the rules of interaction in fat talk, Alma is not playing along in this case. She does not say, "No you are not fat" or "oh my God I feel the same way". Instead, she challenges Amanda's definition of the situation and presentation of herself as a person who is conscious about her body and humble, by pulling me into the conversation and explaining to me what Amanda's fat talk is all about. Alma says that whenever girls engage in fat talk, they are really fishing for compliments. She is changing the rules of the "game" by not playing along with the ritual. She is presenting herself as different from these girls. Not getting the reaction she hoped for, Amanda walks out, ending the interaction with Alma. However, Anne and Juliane back up Alma, and Patrick jumps into the conversation by saying "she might as well say 'I am ugly'".

Amanda is probably not really fishing for compliments. Instead, she is engaging in fat talk with the aim of protecting herself from unwanted comments

on her body, but also with the aim of presenting herself as a person who cares about her looks but does not think she is better than others. In the literature, fat talk is described as a common practice among girls and women. It is a gendered practice. However, I argue that it is also a practice of gendering. Amanda is not only trying to give the impression of being humble, self-conscious and restrained; she is also performing femininity. She is engaging in a practice that thousands of other women have engaged in and thereby presents herself as a feminine subject – also by explicitly referring to the boys from 8th grade looking at her. However, Alma is trying to negotiate femininity by challenging the social ritual that Amanda is performing.

Overall, this part of the chapter shows how performing health identities is closely linked to performing gender identities for the girls in this empirical setting. Likewise, the identity lessons in health that teachers perform on children become identity lessons in gender, that is, in appropriate femininity and masculinity. Teachers problematize unrestrained behavior by girls but normalize unrestrained behavior by boys. The analysis thus demonstrates that teachers provide girls with identity lessons in restrained sexual identities while performing the unrestrained identity on boys, but as a non-risk identity. As a normal and natural masculine identity.

Interestingly, Chapter 7 pointed out how the risk identity of the constrained girl was very prevalent in the material. However, the interactionist analysis indicates that the unrestrained girl is also problematized in the encounter between teachers and children, suggesting that the construction and performance of risk identities is situational. The interactionist analysis illustrates the agency of pupils in the negotiation and performance of risk and non-risk identities.

8.3. The agency of teachers and children in the negotiation and performance of non-risk and risk identities

This chapter shows how non-risk and risk identities are performed by and on children in the encounter between teachers and children. Teachers carry out identity lessons in the encounter with the children by articulating the risk identities of the constrained as well as the unrestrained individual, and thus engage in the civilizing project of forming the children as citizens with a moderate health. What is interesting is that the analysis of the empirical material shows how these identity lessons do not take the form of explicit identity lessons aimed at specific children. Instead, they are carried out as general and implicit identity lessons often aimed at the audience, that is, the classroom

and by using strategies such as constructing an excessive other outside the classroom. I argue that this pattern has to do with the character of the case, namely that health promotion policies in schools are about the wider (normal) population – or the untroubled children. The identity lessons in this case are not directed at the marginalized or the outsiders but instead at the “normal” children, at the insiders. They constitute identity lessons for the good children, civilizing by reinforcing them in their worth and pointing out the excessiveness of the others.

The analysis of the interaction between pupils reveals a slightly different pattern. The pupils try to present themselves as healthy, that is as moderate (not too much nor too lazy and candy-eating) and like the teachers they do so by constructing an excessive other in relation to whom they can perform healthy. However, the analyses also show how explicitly performing risk identities on their peers becomes a way for the pupils to negotiate their status in the social hierarchy of the school class. The identity lessons that the children perform on each other can thus on some occasions take the form of stigmatization.

Moreover, the chapter shows how identity lessons in health become identity lessons in other identities, more precisely gender identities. Since risk identities are unspecified in their character (as discussed in Chapter 7), their meaning is filled with other identities, such as gender, which are more salient than health identities for both teachers and pupils. In the interaction, the negotiation and performance of health thus become intertwined with the negotiation and performance of masculinity and femininity.

Overall, this chapter also illustrates the agency of teachers as well as pupils in the processes of identity formation. In the interaction, teachers as well as pupils draw on the resources, roles and rules available to them in the particular social context. Teachers can draw on their professional role as the teacher, on their social role as an adult, as a male etc. Children can draw on their social status in the peer group, their deservingness in the eyes of the teacher, their body (appearance) etc. The children thus have different possibilities in different situations for negotiating and performing health identities. However, the analysis illustrates that the children do in fact challenge and re-construct the identity lessons performed by teachers.

Chapter 9.

Discussion and conclusion

The ambition of this dissertation has been to examine what happens when health-promotion and prevention policies are incorporated into everyday life in schools. By applying an encounter perspective, I have explored how the meaning of health as well as health identities are constructed and re-constructed in the encounter between policies, teachers and pupils. In this final chapter, I summarize and discuss the findings of the dissertation as well as their implications for the literature and for health-promotion efforts in schools.

This chapter is divided into two parts. In the first part, I sum up the research questions of the project and the overall findings of the three analyses and discuss the overall conclusions of the dissertation. In the second part, I discuss what we can learn from the dissertation and how the project and the findings contribute to the literatures presented in the literature review as well as the empirical implications for health-promotion policies in schools

9.1. The findings of the dissertation

Health initiatives in schools are an important part of the overall health promotion project of the Danish State. All schools are required to promote health, but how the general requirements about daily physical exercise, health education, sexual health education etc. are incorporated into the daily school life is to a wide extent up to the schools and in particular to the individual teachers. Although health promotion efforts in schools have been the focus of a wide range of studies, especially in social epidemiology, public health and health-pedagogical studies, these literatures focus on evaluating and studying the outcome of health-promotion efforts in schools in terms of effects on the children's health state or learning outcome (Maes and Lievens 2003, West, Sweeting et al. 2004, Carlsson and Simovska 2012, Griebler, Rojatz et al. 2014). In this dissertation, I argue that in order to fully comprehend the influence of state health-promotion policies in schools, it is necessary to shift the focus and explore what happens in the encounter between health policies, teachers and pupils in the Danish Public School. Not only is it necessary to understand the process by which health-promotion policies become a part of everyday interactions in schools, it is also important to acknowledge and examine the outcome of health promotion policies in terms of meaning and identity formation. In this dissertation, I have thus examined how health and

health identities are constructed and re-constructed in the encounter between policies, teachers and pupils. In the exploration of this topic, I have focused on the agency of children and teachers in the construction, negotiation and transformation of meaning and identities. More specifically, I have addressed three research questions in the dissertation:

1. How is the meaning of health and health promotion constructed and transformed in the encounter between health-promotion policies, teachers and pupils?
2. How are risk identities as categories constructed and transformed in the encounter between health-promotion policies, teachers and pupils?
3. How are risk and non-risk identities constructed, negotiated and performed in the interaction between teachers, pupils and their peers?

In order to answer these questions, I conducted three analyses using three different analytical perspectives; a discourse analysis addressing how the meaning of health is constructed and re-constructed; a categorization analysis of how risk and non-risk identities as mental constructs are formed and transformed; and an interactionist analysis of how risk and non-risk identities are performed and negotiated in the encounter. In the following, I present the findings from each analysis before discussing the overall findings.

9.1.1. The construction and transformation of the meaning of health

The dissertation illustrates how health comes to function as an empty signifier in this empirical setting. Health is a highly valorized concept with no stable meaning; the different actors in the empirical setting ascribe different meanings to the notion of health in different situations. In the process of meaning making and meaning transformation, the actors in the setting draw on different resources and roles.

The analysis illustrates that two discourses and understandings of health dominate in the policy documents. The first is the biomedical discourse where health means physical health, and health promotion becomes a question of minimizing risks. The second is the health-pedagogical discourse, which is often constructed in opposition to the biomedical understanding of health as physical health, and where health is a broad and positive phenomenon encompassing physical, mental and social aspects of well-being. Health promotion is not constructed as risk minimization but as a question of empowering the children to choose a healthy life. This points to tensions in the meaning that is ascribed to health and health promotion in policies. Even so, the different discourses present in the policies provide repertoires of meaning that actors in

the empirical setting can draw on when they engage in meaning making processes.

Moreover, the dissertation shows that teachers engage in meaning making and redefine the meaning of health and health promotion by drawing on the legitimacy provided by their professional role but at the same time draw on understandings and norms rooted in their socio-cultural background and normative orientations. In some situations, teachers draw on the biomedical discourse present in policies and define health as physical health; in other situations (and most of the time), they construct health as common sense and moderation and in opposition to the biomedical understanding of health as physical health. For the teachers, health and health promotion to a wide extent become a question of civilizing the children; of forming them as moderate citizens guided by everyday common sense.

The analysis also shows that the children construct meaning of health differently in different situations. In some situations, they draw on the understanding of health as moderation; in other situations they draw on the biomedical understanding of health as physical health. In both cases, they transform the meaning of physical health and health as moderation compared to the understanding of teachers and policies. For the children, physical health comes to mean appearance and slimness, while moderation comes to be associated with childhood and rebellion against the adults and their civilizing project.

The dissertation thus contributes to our understanding of what happens when health-promotion and prevention policies are carried out in everyday school life. The implementation process does not merely involve delivering a service (health promotion) but also negotiating and transforming the meaning and the aim of policies. Health promotion is interpreted in terms of civilizing and becomes incorporated into the civilizing purpose of the school.

9.1.2. The construction and transformation of risk and non-risk health identities

The categorization analysis shows how categories of “children at risk” and “children not at risk” (risk and non-risk identities) are constructed and transformed in policies, among teachers and among pupils. The risk identities function as “diagnoses”, which can be assigned to children in the school. Risk identities revolve around a potential future problem of the child, that is, something that is not identifiable in the child’s present condition. However, risk identities still need some sort of inclusion/exclusion criteria that are identifiable in the present. The analysis shows that risk identities in policies are constructed based on statistical correlations between biomedical or social categories of children and health problems, and carry with them causal stories explaining

why a child is at risk and placing responsibility. The analysis also illustrates how teachers re-interpret the meaning of the risk identities by drawing on resources rooted in the professional as well as the social context. They draw on the legitimacy and authority provided by their professional role as teachers and make judgements about what makes a child at risk. However, these perceptions are not rooted in professional norms but take the form of moral judgements about a child's character. I argue that teachers construct the risk identity of the excessive child, which can take different forms, and as opposed to the ideal of the moderated child. Being healthy thus becomes a question of moderation, similar to how the meaning of health was constructed as moderation.

Children also construct risk and non-risk identities. They draw on the biomedical understanding of health as physical health, and the risk identities thus become a question of diet and exercise. Similar to teachers they also draw on the understanding of the healthy child as a moderate child and the unhealthy child as an excessive child. However, for the children moderation is not linked to the inner moral character of the child to the same extent as for the teachers. Instead, it becomes a question of signaling moderation by doing both healthy and unhealthy things. Being at risk is hence about only doing healthy or unhealthy things (that is, excessive behavior with regard to diet and exercise), while being healthy becomes a question of doing both healthy and unhealthy stuff.

Overall, the categorization analysis illustrates that the implementation of health-promotion policies involves the construction of risk and non-risk identities, which are transformed in the encounter between policies, teachers and pupils. Being a child at risk thus acquires different meanings for policies, for teachers and for pupils.

9.1.3. The performance and negotiation of identity lessons in health

Finally, the interactionist analysis explored how non-risk and risk identities were performed by and on children in the encounter between teachers and pupils as well as between pupils. The analysis showed that teachers carry out identity lessons in health in encounters with the children and try to form them as moderated children. However, these identity lessons do not take the form of explicit identity lessons aimed at specific children, that is, as a strong stigmatization of specific children in the classroom. Instead, the identity lessons are carried out as general and implicit lessons aimed at the audience of children and by constructing an "excessive other" outside the community of the classroom.

The children also seek to perform health in the interaction with their peers. Sometimes they collaborate on presenting themselves as healthy by constructing an excessive other outside the peer group, but in other situations, they perform identity lessons in health and “unhealthy” on each other in order to negotiate their own status within the peer group. The performance of identity lessons in the interaction between children can thus in some situations take the form of explicit stigmatization of specific children.

The analysis also shows that identity lessons in health come to constitute identity lessons in gender. As the categorization analysis illustrated, risk identities are unspecified, which means that their meaning, for both teachers and children, is formed in relation to other – often more salient – identities such as gender. In the encounter between teachers and children, the negotiation and performance of health also becomes a question of negotiating and performing masculinity and femininity.

The interactionist analysis sheds light on the subject of study by illustrating the agency of teachers as well as children in the encounter. Both children and teachers have resources and roles they can draw on in order to construct and negotiate the meaning of health and health identities. The analysis thus contributes to our understanding of what happens when health promotion becomes a part of everyday school life by showing how health promotion becomes embedded and intertwined in everyday processes of identity and status negotiation in interactions.

9.1.4. The overall conclusion of the dissertation

In this section, I discuss the three overall findings of the dissertation: 1) meaning making and identity formation should also be regarded as an outcome of policies; 2) the complexity of the agency of teachers and pupils in the encounter; 3) the general and implicit character of identity lessons in this type of encounter.

First, the project shows that implementation of policies is not just a question of whether a service or a rule is carried out and enforced according to its purpose. When policies are carried out in street-level bureaucracies such as schools, the meaning of these policies is formed and transformed by the actors in the setting. Meaning making and identity formation are also outcomes of policies. Understanding the influence of policies as well as the possibilities and limits of governance requires that we pay attention to meaning making processes in the encounter between policies, frontline workers and citizens. This dissertation focuses on exactly this question and shows that the meaning of health and health promotion is mainly interpreted and embedded within the civilizing project of the school when these policies are being realized in everyday school life. Health promotion is thus carried out as identity lessons, and

the construction of health and the formation of health identities become a question of morality and the moral worth of individuals. Moreover, the dissertation illustrates that identity lessons in the encounter between state and citizen are not necessarily and exclusively identity lessons in citizens' identities, civic roles or institutional identities or roles as many other studies have focused on (Soss 2005{Järvinen, 2003 #74}284;Soss, 1999 #110}. Instead, these identity lessons can be lessons in a broader range of identities, for example gender and ethnicity.

The dissertation also points to the complexity of the agency of teachers as well as pupils. Teachers do not merely act as state-agents but also as professional and especially citizen-agents when they carry out the state's health-promotion project. Several studies have pointed to the co-existence of the different narratives and how they sometimes collide or reinforce each other. In this dissertation, the analysis illustrates that the narratives not only co-exist but meld. The professional narrative is used to legitimize meaning making processes where the actors draw on the citizen-agent narrative. The different contexts and the resources rooted in these contexts enable actions that are carried out by drawing on resources of meaning and identities rooted in other contexts. The relationship between the different bodies of teachers as frontline workers is thus more complex than some studies of frontline workers suggest. The dissertation also shows that children are not powerless citizens in the encounter but engage in the construction and negotiation of meaning and identities. Like teachers, children have different resources and roles they can draw on in the encounter, which also depend on the social context of the encounter. These roles and resources can, for example, be a child's deservingness, as other studies of state-citizen encounters have pointed to (Dubois 2010) or the physical appearance of a child's body. Performing and negotiating healthy if you are "Nutella" is somewhat more difficult than if you are no longer "Nutella. It can also be the social position of the child in the school class. This is important not only in the encounter between pupils but also in the encounter between teachers and pupils, because this encounter most often has an audience – the school class. This audience both enables and constrains the children in engaging in challenging and negotiating the lessons performed on them by teachers. The audience also enables and constrains the teachers. In order to understand what teachers and children do, it is therefore necessary to take the social context into account. It is necessary to examine the interaction processes between the actors in the setting.

Finally, the dissertation demonstrates that identity lessons in health carried out by teachers in the interaction with pupils acquire an implicit and general character. I argue that these identity lessons do not primarily take the form of explicit stigmatization of individual pupils. Instead they are directed

at the audience – the pupils as a group – and often carried out by constructing an excessive other outside the classroom. This pattern is also found in studies of how the school carries out its civilizing project in schools with pupils from privileged backgrounds (Gilliam 2017). The lesson in what is civilized is not carried out by reprimanding the behavior of the pupils but by constructing an excessive other who is different from the majority of the pupils in the class. Moreover, the analysis shows that identity lessons in the encounter between state and citizen are not only performed on citizens by the state, but that citizens also perform identity lessons on each other. Again, this illustrates the significance of the characteristic of the encounter being between the state and a collective of citizens – or in other words that the encounter between teacher and child almost always has an audience.

How robust are the three overall findings of the dissertation and to what extent can they be generalized outside of the research sites of the study? As discussed in Chapter 4, the dissertation is based on an ethnographic case study and an abductive logic of inquiry, and this must be taken into account when reflecting of the robustness of the findings and possible inferences.

Regarding the robustness of the analysis, I have made use of triangulation both in terms of data sources and analytical perspectives. The three analytical strategies have contributed with different perspectives and insights, but the analyses also point toward similar patterns in the data. The dissertation thus illustrates the multiplicity and complexity of the case, but the similar patterns resulting from the application of the different analytical perspectives and different data sources also speak to the robustness of the findings.

In Chapter 4, I discussed that some voices and perspectives were easier for me to gain access to because of my positionality, which matters for the internal generalizability of the findings. The analysis of the empirical data illustrates that the perspective of some of the children is more present in the data and hence also in the analysis. This is particularly the case in the interactionist analysis, where the girls, more precisely the popular and medium popular girls, are more visible in the data, while the unpopular and quiet girls as well as a large share of the boys are more silent. This means that some aspects and perspectives remain less explored. For example, the dissertation focuses on the construction of health and femininity, while the relationship between health and masculinity is less analyzed.

As mentioned, the dissertation takes the form of an ethnographic study, and whether the findings are externally generalizable remains an analytical question. Health promotion is carried out in all schools in Denmark. In other words, encounters between health-promotion policies, teachers and pupils take place in everyday life in all Danish Public Schools, but is it likely that these encounters play out the same way as in this study? The analyses found similar

patterns across the two schools and the four classes, which suggests that the meaning making and identity formation processes in the encounter between policies, teachers and pupils share similarities across these different social contexts. However, the analyses also show that social context matters; the resources and roles that teachers and pupils can draw on in the encounter are rooted in the social context, and how the specific encounter plays out is thus also context-specific. The research sites in this study are mainstream public schools in the Aarhus area. This matters for the resources and roles available to the teachers and pupils in the encounter. That health promotion is incorporated into the school's civilizing project is likely to be a tendency across schools, but the way the civilizing project is carried out may vary. In other words, how identity lessons in health are performed on and by children is influenced by the roles and resources available to pupils and teachers in the specific social context. Based on studies of the school's general civilizing efforts directed at marginalized children (Gilliam 2017, Gilliam 2017), one could speculate and hypothesize that identity lessons in health will be performed in more explicit ways (take the form of direct stigmatization) when teachers are dealing with groups of children where many are considered to be at risk, for example classes with many overweight children or children from lower social classes, ethnic minorities etc. However, whether this is the case remains an empirical question for future studies to explore.

9.2. The contribution of the dissertation

In this part of the chapter, I discuss how the findings contribute to the literature on public encounters, both in terms of public administration literature on street-level bureaucracy and the literature on welfare encounters. This dissertation situates itself mainly within these literatures, but I also briefly comment on how the findings provide insights for the other literatures presented and discussed in Chapter 2 and for political efforts to promote health in the Danish Public School.

9.2.1. Contributions to the literature on state-citizen encounters

As mentioned above, this dissertation makes three overall claims, namely that meaning making and identity formation should be regarded as an outcome of policies, that the agency of frontline workers is complex and that identity lessons in the encounter between state and citizen can take different forms. How do these findings contribute to the public administration literature on state-citizen encounters in street-level bureaucracies?

First, the dissertation shows that meaning making and identity formation are not unintended outcomes of state-citizen encounters as it is often presented in the literature on policy and political learning (Yanow, 2003; Soss, 1999; 2005). Instead, identity formation is sometimes the aim of policies, which are then transformed in the encounter with frontline workers and citizens.

Moreover, identity lessons in the encounter between state and citizen are not necessarily and exclusively lessons in the citizen identity, civic role or institutional role. The study of the encounter between health promotion policies, teachers and pupils shows that public encounters can also constitute lessons on other social identities such as gender identities. Public encounters do not merely form citizens' understanding of themselves in relation to the state but also their self-understanding in other aspects of life.

Finally, the dissertation illustrates the complexity in the agency of frontline workers. The different narratives or "bodies" of the teachers in this study do not merely co-exist as it is often claimed in the literature (Maynard-Moody and Musheno 2000, Maynard-Moody and Musheno 2003). Instead, they meld in complex ways. Teachers draw on the authority and legitimacy provided by their professional role in order to construct the meaning of health based on their own subjective and normative orientations.

Based on these insights, what kind of questions should we as scholars within this field ask? I propose first of all to focus on meaning making and identity formation as outcomes of different types of policies and in different types of encounters, including policies aimed at the wider population. In order to study meaning making and identity formation in the encounter between policies, frontline workers and citizens, it is necessary, I argue, to study the encounter itself – the interaction process. In this dissertation I have studied public encounters as "situated relational performances" (Bartels 2013). In other words, I have focused on the in-between of frontline workers and citizens. Instead of studying either the attitudes and behaviors of frontline workers or citizens, I have focused on what goes on in the interaction between teachers and pupils. Therefore, the project sheds light not only on the construction and re-construction of meaning and identities in the encounter but also on the agency of teachers as frontline workers as well as children as citizens. This brings me to the second topic that could be subject to further exploration, namely the variations and complexity of the agency of frontline workers as well as citizens. The dissertation shows that teachers' agency is characterized by a melding of especially the professional-agent and the citizen-agent. This may be characteristic of teachers and other professions who have close and personal relations with the citizens, but nevertheless it calls for a deeper

theoretical understanding of how the different “bodies” of street-level bureaucrats relate to each other. They do not merely co-exist and occasionally collide, they also meld. Focusing on the agency of frontline workers across professions, type of encounters, policy areas etc. could nuance our knowledge of how frontline workers act in the interaction with citizens.

The dissertation also illustrates that the agency of the actors in the setting is both situational (they draw on different roles and resources in different situations) and relational (they do not act in a social vacuum but respond to what other actors do). It shows that frontline workers (such as teachers) may have ideas and understandings, but that these are not unchallenged in the encounter. Citizens also have agency. The bureaucratic encounter is characterized by a power imbalance, but citizens also have resources they can draw on. I believe the literature could gain from studying variations in citizens’ agency across types of encounters as well as between citizens. This could provide a more nuanced understanding of the administrative relationship between bureaucrats and citizens.

9.2.2. Contributions to the literature on welfare encounters

I have used theoretical concepts and insights from the literature on encounters between welfare clients and welfare professionals but I have studied a different type of encounter, namely an encounter between policies directed at the wide population, teachers and the “normal and deserving citizens” in an institutional setting intended for the wide population. By adapting the theoretical concepts from the setting of welfare encounters and studying this type of encounter, I argue that this dissertation contributes to the literature by illustrating that similar mechanisms are at play in this type of encounter but take a distinct form. As public authorities focus increasingly on early intervention policies, the insights of this dissertation could be relevant for this field.

The analyses point to several interesting aspects of this type of encounter. First, the troubled and untroubled identities that are constructed take the form of risk and non-risk identities. They are less specified and acquire meaning by their relation to other social identities. This also means that the process of identity formation in this encounter becomes less an identity lesson in an institutional identity and more a lesson in different social identities from everyday life (such as gender and ethnicity). It could thus be interesting to further explore how risk identities are constructed as well as performed on and by citizens in early intervention encounters in different types of welfare encounters, for example initiatives aimed at ethnic minorities in child institutions, children of drug addicts or alcoholics, initiatives for vulnerable pregnant women, young mothers etc. Are risk identities constructed in these encounters? Do they acquire their meaning from other social identities from everyday

life or are they rooted in professional categories? How are they performed on citizens in the encounters? Are citizens problematized based on a potential future problem? How do citizens negotiate and perform their role in the encounter? Moreover, the identity lessons in risk and non-risk identities that teachers perform on the children take the form of implicit and general identity lessons. The lessons are not directed at the marginalized children or the outsiders but instead at the “normal” children, at the insiders. They constitute identity lessons for the good children, civilize by reinforcing them in their worth and pointing out the excessiveness of the others. It is thus not only the socially marginalized who learn about who they are, their place in society and their worth in the encounter with the state. The “good and normal citizens” also learn about who they are in their encounter with the state, and their interaction with frontline workers reinforce them in their position as capable and deserving individuals who have the resources to negotiate the meaning of health and healthy. Identity lessons in the encounter between state and citizen do thus not always take the form of stigmatization or clientilization, and these identity lessons that reinforce citizens in their moral worth are also part of the reproduction of identity and status in society. Studying early intervention policies in social welfare, in for example child institutions where both the wider target group of all children and the special target group of “some children” (those at risk) are present, could be an interesting way to explore how identity lessons are performed on children in different ways and how the “audience” of citizens alters the dynamic of the relationship and interaction between welfare professional and citizen.

9.2.3. Further perspectives

Although this project mainly seeks to contribute to the public administration literature on frontline encounters and the sociological literature on welfare encounters, the analyses point to some insights that could be of potential interest to other literatures, including some discussed in Chapter 2.

With regard to the Foucault-inspired studies of health policies as a biopolitical and disciplining project of the state, the dissertation provides insights into how this project plays out in the encounter between representatives of the state and citizens. When health promotion is carried out in the encounter between the teachers and the child, it does in fact take the form of an attempt to discipline and civilize the child, and not only do the frontline workers re-interpret the biopolitical project of the state, the children also perform resistance to some of these disciplining attempts. This dissertation thus provides insights for the Foucault-inspired literature on how the biopolitical project of the state as well as resistance play out in the interaction between state and citizen and suggests that resistance is not only found in the acts of citizens, but

that we should also focus on how the representatives of the state transform its project.

Moreover, the analysis shows how power relations are reproduced in the school, as Bourdieu-inspired studies also shows, and illustrates the agency of individuals in these processes. Studies of social inequality in health and reproduction of social inequality in health could use these insights to focus more on the agency of individuals, differences in the roles and rules available to children in different contexts and the strategies they adopt in their encounters with teachers.

Finally, what perspectives does this dissertation carry for the literature on health promotion in schools and for health-promotion policies? First, it illustrates that teachers to a wide extent understand themselves as civilizing agent in relation to health education and health promotion. Teachers perceive themselves and act as communicators of knowledge and norms in the encounter with pupils. These findings suggest that we should be skeptical of whether teachers act according to the ideals of the critical health-pedagogical literature, that is, as “facilitators of norm and knowledge production”. The teachers’ professional self-understanding and practice do not seem to correspond to how their role as state-agents in these policies is presented. Moreover, the analysis shows that health promotion may have potential unintended negative effects in terms of identity formation. Even though the intention of policies as well as teachers is to promote a broad and holistic understanding of health and healthy individuals, a lot of different characteristics and behaviors of children end up being problematized and categorized as risky because the ideal of the moderated child is not a particularly inclusive a category. In addition, the prospective character of health promotion and prevention policies, which leads to the construction of risk identities that revolve around future potential problems, also enables the problematization of a wide range of characteristics, behaviors and identities of the children. For example, being a girl or an ethnic minority may in itself constitute a risk in some situations. Broadening the notion of health and shifting from policies that focus on treating illness to policies that promote health may have the intention not to moralize and not to impose a strictly biomedical understanding of health on the individuals. However, this dissertation shows that health promotion also acquires a somewhat moralistic character in the encounter between policies, teachers and pupils. Finally, by illustrating how the meaning of health and healthy is constructed and transformed in the encounter between health policies, teachers and pupils, the dissertation points to the limits of governance. Teachers are not merely state-agents carrying out the project of the state, they are also professional-agents and citizen-agents pursuing other goals and ideals, and challenging and negotiating the meaning of policies. When asked to carry out a

task that is not traditionally a part of their core professionalism, teachers engage in meaning making in order to make sense of this task and incorporate it into their professional – and personal - project and practice. This implies transforming the meaning of policies as well as risk identities. Likewise, the dissertation illustrates how health and health behavior become embedded in everyday life and interactions of pupils in complex ways, and in these processes, health becomes intertwined with different identities of the pupils. Conforming to the health ideals of policies or teachers is thus – perhaps not surprisingly – not necessarily the highest priority of young teenagers.

Appendix

Appendix A: Data sequencing

First round of data generation

Step	1	2	3	4
Aim	Enter the field Establish rapport and getting a sense of the school class	Uncover social identities and identification processes among the pupils, principles of differentiation, strategies for self-representation	Uncover health identities and health identification in the school class – focus on collective imagined meanings	Uncover health identities and health identification in the school class – focus on the performance of identities
What am I looking for?	Getting to talk to the pupils and teachers Patterns of interaction in the school class Who interacts with whom? Which pupils do not interact with each other? The hierarchy in the school class	Which pupils belong/fit together and why? Which pupils are similar? Which are different? Whom do the pupils associate themselves with? Whom do they disassociate themselves from? How do the pupils try to manage the impressions they give (off)? Which rules are there for the interaction? (What can you say and do, what can't you say and	Pupils' perceptions of: What is healthy and unhealthy? Who is healthy and unhealthy? How do the pupils understand their own health? How do they make sense of the health of their peers? Whom do the pupils associate themselves with in relation to health? Whom do they distance themselves from in relation to health?	Strategies for self-representation in relation to health How do pupils perform and negotiate health in everyday life interactions with other pupils? How do pupils perform and negotiate health in everyday life interactions with teachers? How do the pupils try to manage the health impressions they give (off)? Which rules are there for the interaction? (What can you say

		<p>do? To whom and in which situations)</p> <p>Which patterns do the interactions follow?</p> <p>Who dominates the interaction, when and how?</p>		<p>and do, what can't you say and do? To whom and in which situations)</p> <p>Which patterns do the interactions follow?</p> <p>Who dominates the interaction, when and how?</p>
<p>How am I looking for it?</p>	<p>Participant observation primarily among the pupils (in the classroom, school yard, following them to the local supermarket)</p>	<p>Focus group interviews with name card sorting exercises</p> <p>Participant observation primarily among the pupils (in the classroom, school yard, following them to the local supermarket)</p>	<p>Focus group interviews with photo assignment and exercise and name card sorting tasks</p>	<p>Participant observation and focus groups</p>

Second round of data generation

Step	1	2	3	4
Aim	<p>Entering the field again</p> <p>Establishing rapport with teachers</p>	<p>Teachers' understanding of health, health promotion, their own role as health-promoting agents, the health of children</p>	<p>Health promotion in the encounter with the pupils – focusing on performances and negotiations in the interaction</p>	<p>Teachers as health-promoting agents – focusing on the collective imagined meanings of health and health identities among teachers</p>
What am I looking for?	<p>Getting to know the teachers</p> <p>How do they interact with the pupils?</p> <p>Which rules and roles characterized the interaction?</p> <p>How do they interact with other teachers?</p> <p>How do they try to present themselves in the interactions with pupils and teachers?</p>	<p>How do teachers understand health?</p> <p>How do they understand health promotion in the school context (the role of the school, the role of the teachers)</p> <p>How do they make sense of the health of children?</p> <p>What makes a child healthy/unhealthy?</p> <p>When do teachers worry about the health of a child?</p> <p>How do the teachers relate to the understandings of health of the children?</p>	<p>What do teachers do in the interaction with pupils in relation to health?</p> <p>Which topics do they bring up? How and when?</p> <p>What do they say?</p> <p>How do they present themselves?</p> <p>How do the children respond?</p>	<p>How do teachers collectively construct and negotiate the meaning of health promotion in the school, including their own role as health-promoting agents and how they interact with the pupils?</p> <p>How do teachers collectively make sense of the health of pupils?</p> <p>Which topics are important to them?</p> <p>How do they negotiate the importance and meaning of these topics?</p> <p>How do they collectively evaluate the health of children?</p>

<p>How am I looking for it?</p>	<p>Participant observation primarily among teachers (in the classrooms when they interact with children, in the staff room during breaks)</p>	<p>Semi-structured interviews with teachers using name card sorting and picture sorting exercises</p>	<p>Participant observation</p>	<p>Focus groups with teachers using exercises (designing a health course and discussing stories from the field notes)</p>
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Appendix B: Field note strategy and guide

Field note guide and strategy

I plan to adopt a field note strategy based on three types of notes: 1) a condensed description, 2) an expanded account, and 3) the fieldwork journal. The analysis will be based on the expanded account as well as the fieldwork journal, and if it is necessary, I will return to the condensed description.

The condensed description

is a summary of the events and situations that happened during observation. The condensed description contains detached sentences, words and expressions written down during observation (if possible), that is, keywords and key phrases – usually during observation or immediately after (close by).

I have decided not to write too much down during observation but to write down keywords as far as it is possible, and then write more detailed descriptions, for example when the pupils are working on assignments during class etc. In order to optimize this process and be able to do it quickly and easily, I have made this template.

	Observation	Analysis	Reflections
Aim	Describing what I see (where does the interaction take place, in which context, what are people saying, how are they saying it, what are they doing etc.)	Writing down thoughts about my preliminary analysis of the situation (why are people saying/doing what they are saying/doing in the way they are saying/doing it, what is the aim of the interaction etc.)	Noting my personal impressions, mood, feelings, thoughts etc. during the situation

Notes

The expanded account

The purpose of the expanded account is to fill in the holes in the condensed description with details. The keywords from the condensed description function as reminders that trigger the researcher's memory and enables her to write down a dense account of what transpired in the situation in question.

I intend to write the expanded account based on the condensed description either at home after the kids are in bed or at the department if the school day finishes early. I plan to write the extended account as a coherent description,

that is, I will not use the template above. Instead, I will make sure to distinguish what is observation, analysis and reflection.

The fieldwork journal

In addition to these two types of field notes, I plan to keep a fieldwork journal, that is, a kind of diary with my personal reflections, emotions, experiences, breakthroughs, ideas, challenges and problems associated with observation. This journal represents the personal part of the fieldwork and constitutes an important tool in the analysis because it enables me to consider and reflect upon my positionality in the research project. I plan to write in the journal when the day is over, for example, after I have written the expanded account.

Appendix C: Interview guides

Appendix C1: Focus group with pupils, first interview

Interview guide 1: social categories and identities in the classroom

Phenomenon	Research questions	Questions
Briefing	Presentation and warm-up questions	<p>1) To begin with, I would like you to state your name and your age, so that it will be on the tape</p> <p>Before we begin the interview, I would just like to say that whatever you say here is confidential. This means that I will not repeat what you say to your teacher, to the other children from your class, or to your parents. I will use it in my paper, but no one will know that you were the ones who said it. In this group, it is also very important that you respect what others say, and that you do not repeat it to classmates, teachers, or others afterwards. You can tell what we discussed, but you cannot say that it was X who said it. Do we agree?</p> <p>2) Can you tell me a bit about how it is like in your class?</p>
<p><i>Introduction to activity based questions: “pile sorting”/“card-sorting-task” (joint task)</i></p> <p><i>A pile of name tags with all the names the pupils from class is spread across the table</i></p>		

Phenomenon	Research questions	Questions
<p>Groups in the class</p> <p>Mapping of the social landscape (Group level)</p> <p>Underlying categories and principles of differentiations</p>	<p>Who belongs with whom?</p> <p>Who does not belong with whom?</p> <p>What do the pupils in the different groups have in common? How do they resemble each other?</p> <p>Are there some points where they differentiate? Which?</p> <p>How do the pupils in the different groups separate themselves from each other? Are there some points where they resemble each other?</p> <p>How are the groups' mutual relations?</p>	<p>Here are a bunch of name tags with the names of the pupils in your class. Sometimes there are some who hang out more often in a class. Well, some groups of people who hang out and talk more than they do with others. That happens at my work too. For example, I talk a lot with a guy called Jonas because we share an office. That does not mean that you do not like other people. There might just be somebody you hang out with more often.</p> <p>2) How is it like in your class? If you had to group the people in your class together the way they belong, how would you do so?</p> <p>You can decide how big the groups should be. They do not need to be of equal size, and some can be alone. That is up to you. There is not a correct way or a wrong way of doing it. You are the ones who decide.</p> <p>3) What do the pupils in the groups have in common?</p> <p>3b) How are they different from each other?</p> <p>3d) Why do you think that these pupils <i>hang out</i>?</p> <p>3e) It is always like this? Are there different groups during class, during recess, or outside school?</p> <p>3f) How are the pupils in the various groups different from each other?</p> <p>3g) Are there some points where they resemble each other? (agreement?)</p> <p>4) How do you think it would look like if your teacher had made the groups?</p>

<p>Self-identification (disidentification) (individual level)</p>	<p>Which group of pupils does the individual pupil associate himself/herself with? Which pupils do they distance themselves from? Why? Which groups do they associate/distance themselves with/from?</p>	<p>I can see that you have placed yourselves there. 5) Which groups do you think you fit minimally into? 5a) For example, if you were going camping, and the teacher decided whose tent you slept in/which cooking team you were on, and you ended up in group X. How would you feel about that?</p>
<p>Debriefing</p>		<p>It is completely normal that you sometimes hang out with some people in class more so than with others. That does not mean that you do not like other people. 6) How has it been talking about your class and the groups in it? 6a) Do you sometimes talk about it in class? For example, during form time? 6b) Do you sometimes talk about it with your classmates? For example, in your spare time?</p>

Appendix C2: Focus groups with pupils, second interview

Interview guide 2: health categories and identities in the classroom

Phenomenon	Research questions	Questions
Introduction	Presentation of the participants in the focus group	1) Like last time, we are going to start the round with you stating your names, so it will be recorded on the tape
Activity-based questions: Photo diaries (individual task)		
Sense of health and categories (individual)	<p>What is healthy? What is unhealthy? According to the pupils, when are they being healthy/unhealthy? How does health appear in their day-to-day life?</p>	<p>You have sent me some pictures that show healthy and unhealthy things, activities, times etc. in your everyday life.</p> <p>2) Would you mind giving a brief account of your pictures? Let us take a round...</p> <p>2a) On picture X, is that something you often do/experiences/eat in your everyday life?</p> <p>2b) Do you think what is on picture X is healthy/unhealthy? Why?</p> <p>2c) When does it happen?</p> <p>2d) Who are you with when it happens? Where are you?</p> <p>2e) Do you think about if it is healthy/unhealthy when you do/eat what is on picture X? Why/Why not?</p> <p>2f) Do you talk about how healthy/unhealthy it is when you do it?</p>

Activity-based questions: joint task – “picture sorting” with health pictures(Joint task)	
<p>Health categories (joint)</p>	<p>What is healthy/unhealthy? Which differences and similarities of the perception of what is healthy and unhealthy are there between the pupils? How is that reflected?</p>
<p>3) We have looked at your pictures. If you had to group your pictures the way they fit together, how would you do it? Please go ahead. There does not necessarily need to be a pile with what is healthy and another one with what is unhealthy. You can make multiple piles and think about it.</p> <p><i>Probes</i></p> <p><i>3a) All right, can you tell me something about the piles you have made?</i></p> <p><i>3b) Why have you chosen to divide them into these piles?</i></p> <p><i>3c) Do you all agree, or are there some of the pictures or the piles you disagree with? How would you like them to look?</i></p>	
Activity-based questions: “Picture sorting” with health pictures and name tags	
<p>Health identities and categories</p>	<p>How do they understand the other pupils’ health? Who is healthy/unhealthy? Who is like each other in regard to their health? Why? How do the pupils understand their own health? With what do the pupils associate themselves? From what do they distance themselves? With whom do they associate themselves? From whom do they distance themselves?</p>
<p>I have these name tags from last time. Now, it is normal that some people care deeply about their health and want to do a lot to stay healthy while others care about other things. For example, I do not always care if I am healthy (I really like chocolate, and I also like watching shows on the television). I would probably place myself there.</p> <p><i>(they get their own name tag)</i></p> <p>4) If you had to place yourselves in one of the piles with the pictures, where would that be? Why?</p> <p>4a) If you had to place the others from that class, how would you do it? Why? <i>(agreement?)</i></p>	

<p>Health promotion</p>	<p>5) Do you sometimes talk about what is healthy and unhealthy with each other?</p> <p>5a) When for example?</p> <p>5b) Do you listen to what your classmates say about health?</p> <p>5c) For example, if one of your classmates began to eat healthier or started exercising, would you do the same?</p> <p>6) Do you also talk about health with your teachers at school?</p> <p>6a) Is health something you learn about at school? Something that is in the curriculum?</p> <p>6b) What do you talk about then?</p> <p>6c) What do you do?</p> <p>6c) Do you like it when you learn about health, or when you move around?</p> <p>6d) Do you listen to what your teachers (or the health visitors) say about health?</p> <p>7) Do you sometimes talk about what is healthy or unhealthy with your parents?</p> <p>7a) What do your parents say?</p> <p>7b) How you respond?</p> <p>7c) Do you listen to what your parents say about health?</p> <p>8) Who do you listen to the most?</p>
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Appendix C3: Semi-structured interviews with teachers

Phenomenon	Questions
Briefing/appointments	Confidentially, anonymously etc.
Introduction /warm-up Professional background	<p>1. First of all, I would like to hear a bit about your professional background. Can you say something about it?</p> <p>Probes:</p> <ol style="list-style-type: none"> How many years' experience do you have as a teacher? (Have you had other jobs?) Which subjects do you teach? How long have you been at this school? How is the school as a place of work?
Professional practice in general	<p>2. Can you describe a "typical" day of work?</p> <p>Probes:</p> <ol style="list-style-type: none"> What do you spend your time on – which work tasks take up your day? What is your role in those work tasks – can you give an example? How much time do you spend with the pupils? What do you do when you are not with the pupils? Can you give some examples of the choices and decisions you have to make during the course of a day of work?

Professional identity	<p>3. How would you describe yourself as a teacher?</p> <p>Probes:</p> <ol style="list-style-type: none"> What are you good at – what do you contribute to your job? What is important to your work? What is the best thing about your job – can you give an example? Can you say what is the worst/toughest part about your job – an example? Can you remember why you chose to do what you do? Do you still feel like that today?
Notions of your health	<p>4. Okay, now I would like to hear what health means to you.</p> <p>Probes:</p> <ol style="list-style-type: none"> What do you associate with the word “health”? Does health take up your everyday life? How does it take up your everyday life? When does it take up your everyday life?
Notions of your role as a health-enhancing actor Healthcare norms	<p>5. What about your work? Is health sometimes on the program in your classes at school? Can you tell about an episode when health was on the program in your teaching?</p> <p>Probes:</p> <ol style="list-style-type: none"> What did you do? What did you talk about? What do you think pupils think about it? <p>6. What is important for you that pupils learn from “health education”? Why?</p>

<p>Sense of causal mechanisms</p> <p>Notions of the school's healthcare policy</p> <p>Notions of national goals for health and movement</p> <p>Correlations between national goals, the school's goal, and private goals</p>	<p>7. Do you believe that health-promotion is one of the key tasks as a teacher? Why/why not? What is more important?</p> <p>8. How do <i>you</i> best make sure that the pupils take what you find most important with them?</p> <p>9. How do you as a teacher make sure that pupils live healthy lives?</p> <p>10. In your opinion, what is decisive in order for pupils to live healthy lives?</p> <p>11. Now, we have talked a bit about how health enters into your teaching. Can you tell me something about the school's healthcare policy? What does the school do to enhance its pupils' health?</p> <p>12. How do you experience that the school's healthcare policy and health measures correlate with what you believe to be important and want to pass on to the pupils – both in relation to health and in general? Is that something you think about in your everyday life?</p> <p>13. What about the national goals for health education and physical activity at school? Is that something you think about in your teaching?</p> <p>14. Do you feel that they correlate with what is important for you as a teacher – both in relation to health and in general? Why/why not?</p>
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Introduction to activity-based questions: File sorting/card-sorting-task with pupils' images of health	
Concern Sense of causal mechanisms	<p>18. Do you sometimes worry about a pupil's health? Can you tell me about a time when you were worried about a pupil's health?</p> <p>Probes:</p> <ol style="list-style-type: none"> Why did you worry? What did you do? What happened? <p>d. Is that something you have experienced with somebody from the class?</p>
Classroom composition at the school	<p>19. Here at the end, I have some questions that deal with the pupils at school more generally? Can you tell a bit about which sort of children you typically meet at your work here at the school – really, how is the classroom composition at the school?</p> <p>Probes:</p> <ol style="list-style-type: none"> Social background, ethnic background, health profile etc. How does that correspond to the composition of the population in the district? <p>20. What about the classroom composition in your class? How is that? How does it correspond to the composition in the school and in the district?</p>

<p>The social landscape in class (underlying categories and principles of differentiations)</p>	<p>21. Now, typically in a class – no matter how well the pupils get along – some pupils get along better. Here are some cards with all the names of the pupils in the class. If you had to group them with the people they hang out with – how would you do it?</p> <p>Probes:</p> <ol style="list-style-type: none"> Why do you believe it looks like this in the class? What do the pupils have in common? How are the groups different from each other? Do you believe that it is different during classes, during recess, and in their spare time? How?
<p>Outro</p>	<p>This was basically what I wanted to ask you</p> <p>Is there something you have thought of during the interview that you would like to add?</p> <p>Deals – what should happen now?</p>

Appendix C4: Focus groups with teachers

Phenomenon/research questions	Questions
Introductory round: Name, subjects, period of employment	We are going to begin with a round of introductions (for the camera). Please, state your name, which subjects you teach, how long you have been a teacher and how long you have been employed at this school.
<p>Notions of health</p> <p>Notions of “the healthy child/the healthy teenager”</p> <p>Notions of the school’s and the teachers’ role in promoting health</p> <p>Filling in the role as a health promoting actor</p>	<p>Today, I had planned that we would do a small task where we imagine that you have to plan a <i>health week for the 7th grade</i>.</p> <p>1) The first thing I wanted to ask of you is to think of <i>three themes</i> that you believe would be the most relevant topics for such a week (from what you know about the two classes). Jot down each theme on a post-it.</p> <p>2) What did you write? Why did you think that was an important theme?</p> <p>3) Agree on 1-3 theme(s)</p>
<p>Sense of causality in relation to health</p> <p>Notions of the school’s and the teachers’ role in promoting health</p> <p>Filling in the role as a health promoting actor</p>	<p>5) All right, you have some themes and some learning objectives now. Which educational activities would you plan? Please brainstorm individually for three minutes. Jot down each educational activity on a post-it.</p> <p>6) Which activities have you thought of? Why?</p> <p>7) Prioritize five activities (one for each day of the week). Why did you choose those five?</p>

<p>Sense of causality in relation to health</p> <p>Notions about (potentially) healthy/unhealthy pupils</p> <p>Categorizing concrete pupils in relation to health</p>	<p>8) Do you think that some activities might suit one group of pupils better than other pupils? Why? (if convenient, leave the pupils' nametags on the table)</p> <p>Probes:</p> <p>a. Which pupils do you think the course would appeal to?</p> <p>b. Which pupils would the course not appeal to?</p> <p>c. Who would be tricky to "include" and why?</p>
<p>Sense of causality in relation to health</p> <p>Notions of the school's and the teachers' role in promoting health</p> <p>The school's and the teachers' possibilities/importance</p>	<p>9) How would you make sure that all pupils were included?</p> <p>10) How would you make sure that everyone would extract value from the course?</p> <p>11) What do you think the greatest challenge of such a course would be?</p> <p>12) What would the prospects of such a course be?</p>
<p>Discussion of stories from fieldwork notes</p>	<p>Here at the end, I have brought some stories. They are episodes that I have witnessed while I have been with the pupils where they discuss health in some form. It is something that I have experienced at a different school, so it is not children from your classes, but I would like to hear a bit about what you think when you read these stories. Here is the first one.</p> <p>13) What do you think about it?</p> <p>Probes</p> <p>Is that something you can recognize?</p> <p>What would you do if you witnessed this situation?</p> <p>Here is the next one...</p>

Appendix C5: Stories used in focus groups with teachers

He is the only real boy

The class is doing group work. A group of pupils go out into the hall and sit down at a table. I go with them. They are Ester, Aida, Sille, Mia, Huda, Signe, and Amalie. They talk about soccer. A lot of the girls from class play soccer. Huda and Aida do not. “We play Netflix”, Aida says, “yeah, Netflix and chill,” Huda laughs. There are not so many boys who play soccer, Ester says. “Only Casper – he is the only real boy,” she continues. The girls think it is weird that he is the only one. The other boys do some weird things considering that they are boys. “One sings in a choir,” Ester giggles, “and Martin boxes”. “That’s hilarious since I could easily beat him,” Sille says.

Fasting is healthy

I am sitting with Tile, Fie, Therese, Annemarie and we are eating our lunches. Aida and Hamida are sitting next to us. Aida does not eat, she is fasting. Ramadan started yesterday. Hamida is also a Muslim, but she does not fast. She cannot do it, she says. She thinks that Aida is tough for going through with it, and she says that she will not eat anything in front of Aida out of sympathy. Aida says that it is nice of her. People from Aida’s class are eating and drinking right in front of her and saying “mmm delicious” to tease her, she says. Aida says that she is hungry. I ask if she eats something before the sun rises. That she does. Her stepdad wakes her up, and they all eat together before going back to bed again to sleep some more. Her younger siblings do not fast. They are too small. I ask Aida how old she was when she fasted for the first time. She was too young, she says, only eight years old or something. But it was because she really wanted to. “I am very religious, or I don’t know, I probably wasn’t – just very brave”. Tilde asks if she is not even allowed to drink water during the day. “No,” Aida responds. “But aren’t you allowed to drink water!?” But that is not healthy,” Therese exclaims. “Yes, it is”, Hamida and Aida say in unison. “It is healthy to fast,” Aida says. “It is not healthy not to drink water,” Therese responds. Hamida backs off and eats a bit of her food.

It is like an oven– only healthier

Therese: “My older sister cares very deeply about eating healthy. She is also thinner than she ought to be. She does not eat anything with dairy in it. She only eats lactose-free and that kind of soy thing and the likes. That is why I have learned how to make chia porridge. And sometimes on the weekends – when we are home alone – we only make healthy things. That really rubs off

on me. And ecology and stuff [...] My sister has also bought a dehydrator – it is just like – an oven but only healthier. So, right now there is a lot of food at home in the oven. For example, crispbread with onions that, for example, are dehydrated. Instead of putting it in the oven,” Therese tells with pride in her voice. “That is totally cool”, Freja adds admiringly.

They might as well say “I am ugly”

It is recess. The couch is filled with pupils. The others are in sitting different places around the class, eating, or looking at their phone. Some of the boys have gone out to buy something. Emilie and Clara are talking about doing swimming as an elective. Emilie says that she does not want to show herself off in a bikini in front of the others – especially not in front of the boys from the 8th grade. “Now she is writing it down in her book,” Clara says (about me and my notebook). Clara: “Mathilde, you should write that because of idols, young girls think they are too fat”. Emilie gets up and exits the classroom. Clara starts to explain how girls are always talking about being too fat. They just want attention, she says. They just want to know that they are beautiful. Lukas says, “I do not understand it. They might as well say ‘I am ugly’”. “Very few bring a packed lunch. Pay attention to that. They want to lose weight, so they think they need to starve themselves, but that isn’t right. You just need to eat healthier,” Lukas explains. “You don’t want to eat too much either,” Clara says. “No, just healthier,” Lukas responds.

Appendix D: List of participants in interviews

Appendix D1: Focus groups with pupils

Sønderskolen

The A class

Group 1	Group 2	Group 3	Group 4
Kirstine	Mia	Rasmus K	William
Astrid	Sara	Jonas G	Frederikke
Daniel	Oliver	Mille	Ea
Esther		Nina	

The B class

Group 1	Group 2	Group 3	Group 4
Malthe	Sandra	Benjamin	Selma
Lasse	Rosa	Jeppe	Lise
Fatima	Maja	Niklas	Andrea
	Eva		Sille

Vesterskolen

The X class

Group 1	Group 2	Group 3	Group 4
Alma	Mie	Thomas	Simone
Amanda	Anne	Muhammed	Silje
Patrick	Sigurd	Kristian	Rebecca

The Z class

Group 1	Group 2	Group 3
Victor	Clara	Karla
Silke	Filippa	Mette
Nikoline	Iben	Marius
Johanne	Caroline	Carl

Appendix D2: Semi-structured interviews with teachers

Name	Gender	Age	Subjects	School
Leif	Male	50s	Physical education, English, Math, German	Sønderskolen
Susanne	Female	40s	German, Danish, Physical Education, Art	Sønderskolen
Maiken	Female	20s	Math, History, Art, Design	Sønderskolen
Solveig	Female	30s	Danish, English, Home economics, Health and movement	Sønderskolen
Jakob	Male	30s	Math, History, Physics, Chemistry, Music	Sønderskolen
Casper	Male	30s	Danish, Geography, Physical education, Science	Vesterskolen
Bo	Male	40s	Danish, History, Social science	Vesterskolen

Appendix D3: Focus groups with teachers

Focus group Sønderskolen

Name	Gender	Age	Subjects
Leif	Male	50s	Physical education, English, Math, German
Susanne	Female	40s	German, Danish, Physical Education, Art
Maiken	Female	20s	Math, History, Art, Design
Solveig	Female	30s	Danish, English, Home economics, Health and movement

Focus group Vesterskolen

Name	Gender	Age	Subjects
Bo	Male	40s	Danish, History, Social science
Ole	Male	60s	English, Religion,
Casper	Male	30s	Danish, Geography, Physical education, Science

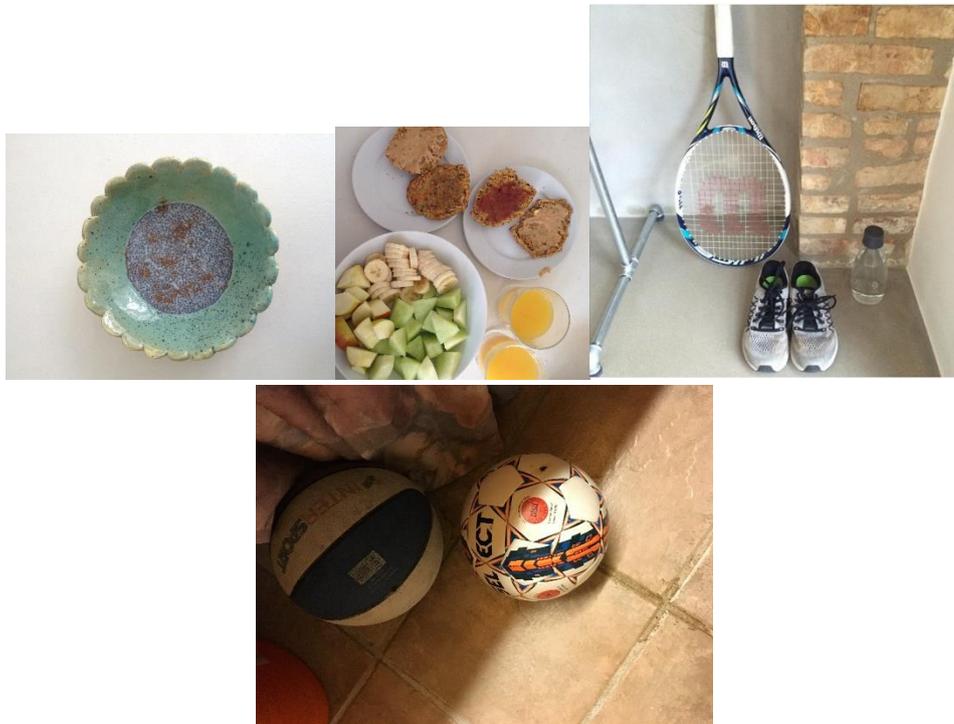
Appendix E: Photo assignment

Take between 5-11 photos with your phone or iPad of things, activities, places, food or something from your everyday life that you connect with either healthiness or unhealthiness. You can also use photos that you have already taken. The most important thing is that the pictures show something from your everyday life that you connect with healthiness or unhealthiness. Send the pictures to me on my phone: (PHONE NUMBER) or mail them to: (EMAIL ADDRESS) no later than (DATE AND TIME)

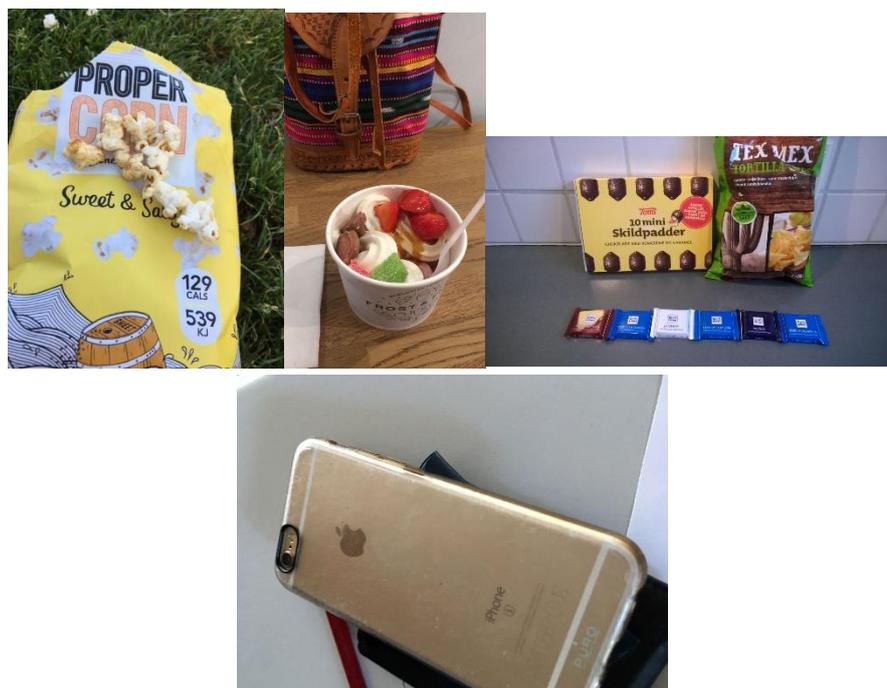
/Mathilde

Appendix F: Examples of photos from photo diaries

Examples of “healthy”



Examples of “unhealthy”



Appendix G: Consent form

Dear parents,

I am a PhD student at the Department of Political Science, and I am currently conducting a research project with the purpose of examining *effects of friendship on health among primary school students*. In cooperation with the municipality of Aarhus, I have chosen Sønderskolen/ Vesterskolen for my examination, and the principal as well as your children's teachers have granted permission for me to conduct the study in your children's class. In the summer/fall of 2016 and once more in the winter/spring of 2017, I will visit your children's classes for roughly one and a half month at a time. I will be present for parts of the school day, interview your children's teachers, and I would also very much like to interview your children. Since I would like to interview and study your children, I ask for permission to talk to them. If your children do not like to take part in the interviews, they always have to option to say no.

The interviews will take place in groups of approximately four pupils, and they will be videotaped. The recordings will only be seen by me, and they will be destroyed after the publication of my dissertation. The questions concern the children's notion of health, their views on their own health, their everyday life, and their relationship with their classmates. Thus, I am not interested in evaluating the health of the individual child, but rather what the relationships between the pupils can mean for their health. I will not collect any additional information about the children. All participants – pupils as well as teachers – will be anonymous in my dissertation. It will be evident that is a school in the municipality of Aarhus, but neither school, class, nor children will be identifiable. I will join the classes and present myself to the pupils on DATE.

If you have any further questions, you are more than welcome to contact me.

Kind regards,

Mathilde Cecchini

PhD student
Cand. scient. pol.

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Mobile: +4529451107
Mail: MCecchini@ps.au.dk
Web: <http://person.au.dk/da/mcecchini@ps.au.dk>

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Please, fill out the form below and hand it to a teacher no later than DATE

The name of the pupil _____

Class: _____

School: _____

- I hereby grant permission to interview my child in connection with *the research project “Effects of friendship on health among primary school pupils”*
- I do not want my child to be interviewed in connection with *the research project “Effects of friendship on health among primary school pupils”*

Date and parent’s signature:

Appendix H: Search guide for identifying policy documents

The aim of this search is to identify documents (laws, reports, white papers, minutes from school board meetings etc.) that deal with health promotion and prevention in the Danish Public School. I thus want you to search for the following keywords on the websites listed below:

Search for the following keywords:

- Public school
- Children
- Teenagers
- Health promotion
- Prevention
- Health education
- Health
- Physical health
- Mental health
- Weight
- Underweight
- Overweight
- Exercise
- Physical (in)activity
- Diet
- Food
- Alcohol
- Smoking
- Drugs
- Stress
- Depression
- Sexual health
- Wellbeing.

On the following websites

Ministry of Education and related websites:

www.Uvm.dk

www.Emu.dk

Danish Health Authority: www.Sst.dk

Aarhus Municipality: www.aarhus.dk

Retsinformation: www.retsinformation.dk

Sønderskolen's website: xxxxxx

Vesterskolen's website: xxxxxx

Appendix I: List of policy documents included in the final analysis

From the website of the Danish Health Authority

1. "Vejledning om forebyggende sundhedsydelse til børn og unge", Sundhedsstyrelsen 2011
2. "Børn og forebyggelse – et temahæfte", Sundhedsstyrelsen, Center for Forebyggelse, 2007
3. "Evaluering af undervisningsmaterialet Tackling - en sammenfatning", Statens Institut for Folkesundhed & Syddansk Universitet, (udarbejdet for Sundhedsstyrelsen), 2008
4. "Forebyggelse og sundhedsfremme i skolen - Undersøgelse af to metoder anvendt i skolesundhedsplejen", Københavns Universitet & Sundhedsstyrelsen, 2009
5. "Opsporing af overvægt og tidlig indsats for børn og unge i skolealderen - Vejledning til skolesundhedstjenesten", Sundhedsstyrelsen, 2014
6. "Forebyggelsespakke – Indeklima i skoler", Sundhedsstyrelsen, 2012
7. "Forebyggelsespakke - Mad og måltider", Sundhedsstyrelsen, 2012
8. "Forebyggelsespakke - Seksuel sundhed", Sundhedsstyrelsen, 2012
9. "Forebyggelsespakke – Solbeskyttelse", Sundhedsstyrelsen, 2012
10. "Forebyggelsespakke – Stoffer", Sundhedsstyrelsen, 2012
11. "Forebyggelsespakke – Overvægt", Sundhedsstyrelsen, 2012
12. "Forebyggelsespakke – Fysisk aktivitet", Sundhedsstyrelsen, 2012
13. "Forebyggelsespakke – Alkohol", Sundhedsstyrelsen, 2012
14. "Formidling af sundhed - En undersøgelse af undervisning i sundhed på lærer- og pædagogseminarier", Rambøll Management (udarbejdet for Sundhedsstyrelsen), 2014
15. "Sundhed på tværs af forvaltninger – mulighed for strukturelle indsatser", Rambøll Management for Sundhedsstyrelsen, 2009
16. "Så gør det dog! For børn og unge. Forebyggelse i kommunerne", Sundhedsstyrelsen & Embedslægerne, 2004
17. "Stress blandt unge", Statens Institut for Folkesundhed (udarbejdet for Sundhedsstyrelsen), 2007
18. "Sundheds- og Seksualundervisning - model til kvalificering af seksualundervisningen i grundskolen", Videntcenter for Sundhedsfremme University College Syddanmark (udarbejdet for Sundhedsstyrelsen), 2013
19. "Vejledning om forebyggende sundhedsydelse til børn og unge", Sundhedsstyrelsen 2011

20. "Mad og måltider - en fælles investering i sundhed og trivsel. Sundhedsfaglig dokumentation og anbefalinger for mad og måltider i grundskoler og fritidsinstitutioner". Sundhedsstyrelsen, website august 2017
21. "Sundhedspolitiske implementeringsprocesser - Evaluering af implementering af handleplaner på kost- og motionsområdet i Århus Kommunes skoler og daginstitutioner", Bettina Bach & Jeanette Magne Jensen, Danmarks Pædagogiske Universitetsskole, Aarhus Universitet, 2009

From the website of the Ministry of Education and related website

22. "Vejledning for emnet sundheds- og seksualundervisning og familiekundskab. Fælles mål, læseplan og vejledning", Undervisningsministeriet, 2017
23. "Vejledning til faget madkundskab, Fælles mål, læseplan og vejledning", Undervisningsministeriet, 2016
24. "Vejledning til faget biologi. Fælles mål, læseplan og vejledning", Undervisningsministeriet, 2016
25. "Undervisningsmiljø i folkeskolen – opgaver for ledelse og bestyrelse", Dansk Center for Undervisningsmiljø, 2016
26. "Aldersrelateret træning - for børn og unge", Danmarks idrætsforbund, 2011
27. "Tale til åben høring om hævnporno (3. blok om forebyggelse)", Tale af Merete Riisager, undervisningsminister (LA), onsdag den 25. januar 2017
28. "Inspiration til folkeskolens sundhedsundervisning – Sund hele livet", Undervisningsministeriets, 2008
29. "Fysisk aktivitet – læring, trivsel og sundhed i Folkeskolen", Vidensråd for Forebyggelse, 2016
30. "Forsøg med læring i bevægelse", Institut for Idræt og Biomekanik, Syddansk Universitet Projekt (finansieret af Undervisningsministeriet), 2015
31. "Fysisk aktivitet og læring - en konsensuskonference", Kulturministeriets Udvalg for Idrætsforskning – Kunststyrelsen, 2011
32. "Solstafetten – lærervejledning", Kræftens Bekæmpelse, TrygFonden og Experimentarium, 2009.
33. "Forskningsbaseret viden om varieret læring, udeskole, bevægelse og lektiehjælp" Rambøll Management Consulting, Aarhus Universitet, Professionshøjskolen Metropol, UCC Professionshøjskolen & VIA University College (udarbejdet for Undervisningsministeriet)

34. Forskningskortlægning varieret læring, bevægelse, udeskole og lektiehjælp, Rambøll Management Consulting, Aarhus Universitet, Professionshøjskolen Metropol, UCC Professionshøjskolen & VIA University College (udarbejdet for Undervisningsministeriet)
35. Inspirationskatalog Fra skole til skole, Danmarks Evalueringsinstitut (EVA), 2014

From the website of the Municipality of Aarhus

36. ”Mad og måltider for børn og unge 0-18 år i Aarhus Kommune – en vejledning til sundhedsplejen, dagtilbud, skoler, fritids- og ungdomsskoletilbud”, Børn og Unge, Aarhus Kommune 2017
37. ”45 min bevægelse i skolen – Kom godt i gang”, Sundhed og Trivsel & Læring og Udvikling Pædagogisk Afdeling, Børn og Unge, Aarhus Kommune 2016
38. ”Børne- og Ungepolitikken Aarhus Kommune”, Aarhus Kommune, 2015

From the website of Retsinformation

39. LBK nr 1188 af 24/09/2016: Bekendtgørelse af sundhedsloven (The Danish Health Act)
40. LBK nr 1510 af 14/12/2017: Bekendtgørelse af lov om folkeskolen (The Danish Folkeskole Act)

Appendix J: Transcription guide

The interviewer (Mathilde) will be called “Mathilde”	
The respondents will be called by their names	
State the number of the question according to the interview guide (as often as you can)	Example: Question 1) In “First, I would like you to tell me what your names are”
Direct speech is shown with quotation marks	Example: Mathilde “First, I would like you to tell me what your names are”
Change lines when a new person speaks	Example: Mathilde “First, I would like you to tell me what your names are” Rasmus “My name is Rasmus, and I am 12 years old” Thea “My name is Thea, and I am 13 years old”
Ignore “errs” and interpret them as pauses which are shown with ...	Example: Mathilde “Which group do you think you would not fit into?” Rasmus “I do not know ... perhaps that one”
Interruptions (for example if a respondent interrupts someone) are shown with -	Ellen “I think Lea fits into this group with the computer because -” Line “no she does not”
If the interviewer (Mathilde) for example says “yes” or “no” or “oh” or otherwise expresses that she is paying attention while R is responding, you can simply ignore such utterances	
When you have finished transcribing, please proofread and listen to/watch the interview again to check your transcription.	

If there is something that is inarticulate to the extent that you cannot hear it, you write: INARTICULATE SPEECH	
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Appendix K: Final coding scheme categorization analysis

Final coding scheme for coding target groups in policy documents

Codes	Sub-codes	Description	References
Children with special needs		Any reference to children with “special needs” (including need for special attention, need for special support)	117
Overweight children		Any reference to children who are overweight or obese	256
Stressed children		Any reference to children experiencing stress (both as a chronic situation and occasional symptoms of stress)	38
Children who smoke, drink, use drugs		Any reference to children and teenagers who use or abuse alcohol and drugs	15
Children who are not thriving		Any reference to children who are not thriving (“mistrives” in Danish)	7
Children with medical or psychiatric diagnoses		Any reference to children with medical or psychiatric diagnoses (but not stress) including ADHD, OCD etc.	6
Ethnic minorities		Any reference to ethnic and religious minorities, including immigrants, children of immigrants and bilingual children	91
Low socioeconomic status		Any reference to children’s family background as lower social class (including disadvantaged, socioeconomically disadvantaged, uneducated etc.)	135

Gender	Girls	Any reference to girl, girls or femininity.	233
	Boys	Any reference to boy, boys or masculinity.	209
	Gender	Any reference to gender, sex or “boys and girls”	600
Children of addicts		Any reference to children of addicts (drug addicts and alcoholics)	8

Final coding scheme for coding the teachers' categorization practice

Codes	Sub-codes	Description	References
Health	Moderated	Any references to children's health or health behavior as moderate or balanced	43
	Unrestrained	Any reference to children's health or health behavior as unrestrained (for example out of control or vulgar)	47
	Constrained	Any reference to children's health or health behavior as too constrained (for example overly controlled)	68
Social class	Lower class	Any reference to children's family background as lower social class (including resource weak, socioeconomically disadvantaged, uneducated etc.)	17
	Middle class	Any reference to children's family background as middle class (including resourceful, socioeconomically advantaged, well-educated etc.)	12
	Upper class	Any reference to children's family background is as upper class (including very resourceful, socioeconomically privileged, rich, very well-educated etc.)	14
Ethnicity	Majority	Any reference to children being part of the ethnic or religious majority (for example Danes, Danish, Christians)	1
	Minority	Any reference to children being part of ethnic and religious minorities (for example bilingual, ethnic minorities, cultural minority, religious minority, immigrant, second-generation immigrant)	14
Gender	Boy	Any reference to boy, boys or masculinity, but not when "boy" is used in the meaning of "a specific child"	14
	Girl	Any reference to girl, girls or femininity, but not when girl is used in the meaning of "a specific child"	38
Other	Other	References to other categories such as school class, activity groups etc.	17

Final coding scheme for coding the categorization practice of pupils

Codes	Sub-codes	Description	References
Health	Too healthy	Any reference to children or health behaviors being overly healthy, that is, both healthy diet and healthy exercising behavior	14
	Candy and lazy	Any reference to children or health behaviors being unhealthy, that is, eating unhealthy and being physically inactive	96
	Candy and sports	Any reference to children or health behaviors that are a mix of healthy and unhealthy, more precisely if they refer to the combination of unhealthy diet and being physically active	14
	No sports and vegetables	Any reference to children or health behaviors that are a mix of healthy and unhealthy, more precisely if they refer to the combination of healthy diet and being physically inactive	7
Ethnicity	Majority	Any reference to children being part of the ethnic or religious majority (Danes, Danish, Christians)	0
	Minority	Any references to children being part of ethnic and religious minorities (for example bilingual, Muslim, ethnic minorities, cultural minority, religious minority, immigrant, second-generation immigrant)	2
Gender	Boy	Any reference to boy, boys or masculinity, but not when “boy” is used in the meaning of “a specific child”	33
	Girl	Any reference to girl, girls or femininity, but not when girl is used in the meaning of “a specific child”	31
Other	Other	References to other categories such as activity groups, school class etc.	202

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Act No. 191 of 28/02/2018 (The Danish Health Act)

Act No. 1510 of 14/12/2017 (The Danish Public School Act)

Act No. 1167 of 12/10/2015 (Act on monitoring the wellbeing of pupils in the public school)

Act No. 665 of 20/06/2014 (The Danish Public School Act, the reform of the Danish Public School)

Summary

This dissertation examines how health and health identities are constructed and transformed in the encounter between health policies, teachers, and pupils in the Danish public school.

Promoting pupils' health has become one of the public school's key tasks. Health education is a mandatory subject in a public-school education, and the latest public-school reform has made daily physical activity mandatory and dictates a rigorous focus on healthy diets. The goal should very well be healthier and happier children. The question is what actually happens when these policies and declarations of intent are carried out in practice. Studies of health efforts in schools primarily focus on the effect of such efforts in terms of the students' actual health or their learning outcome of health education. However, what happens in the interaction between teachers and pupils when health promotional initiatives are carried out in schools is rarely examined. This dissertation sheds light on this process by applying an encounter perspective on health promotion in public schools, that is, by focusing on what happens in the encounter between policies, teachers, and pupils on a day-to-day basis in schools.

The dissertation draws on theories from public administration on implementation in the street-level bureaucracy and sociological theories about meaning making and identity formation in the encounter between welfare professionals and clients in welfare institutions. The dissertation aims to contribute to these literatures by transferring and adapting concepts and theoretical insights from these fields to a type of encounter between citizen and state that is rarely examined within these theoretical approaches, namely the encounter between the state's moral project (in the form of health promotion and policies of prevention) and front-line employees and "civil citizens", and by focusing on the complexity of the agency of frontline workers as well as citizens.

The dissertation examines the following three questions:

1. How is the meaning of health and health promotion constructed and transformed in the encounter between health-promotion policies, teachers and pupils?
2. How are risk identities as categories constructed and transformed in the encounter between health-promotion policies, teachers and pupils?
3. How are risk and non-risk identities constructed, negotiated and performed in the interaction between teachers, pupils and their peers?

The dissertation is based on an interpretive ethnographic study that combines observational studies with different types of interviews and collection of policy documents to make it possible to examine the encounter between health-promotional policies, teachers, and pupils in their everyday life at school.

The dissertation consists of three different analyses that address each of the three research questions presented above. The analyses, which are based on three different analytical tools, contribute with different perspectives and clarify different aspects of the encounter between health policies, teachers, and pupils in the Danish public school.

First, a discourse analysis examines how the meaning of health and health promotion is constructed and reinterpreted by actors in the empirical field. Next, a categorization analysis examines how categories of “healthy children” and “unhealthy children” are constructed and transformed in the encounter between policies, teachers and pupils. Finally, a symbolic interactionist analysis clarifies how identity lessons in risk and non-risk identities are performed and negotiated in the interaction between teacher and pupils and between the pupils.

The dissertation has three overall findings. First, the analyses demonstrate how meaning making and identity formation also become an outcome of policies. Implementation of policies is not just a question of whether a service or a rule is carried out and enforced according to its purpose. When policies are carried out in street-level bureaucracies such as schools, the meaning of these policies is formed and transformed by the actors in the setting. The dissertation shows that the meaning of health and health promotion is mainly interpreted and embedded within the civilizing project of the school when these policies are being realized in everyday school life. Health promotion is thus carried out as identity lessons in “the healthy and unhealthy child”, and the construction of health and the formation of health identities become a question of morality and the moral worth of individuals. Second, the dissertation illustrates that teachers and pupils are capable agents in the process of meaning making and identity formation and points to the complexity of their agency in the encounter. Concerning the agency of teachers, the analyses show that the state-agent, professional-agent and the citizen-agent narratives not only co-exist, they meld, constrain and enable each other. Moreover, the analyses show that children are not powerless citizens in the encounter but engage in the construction and negotiation of meaning and identities. Like teachers, children have different resources and roles they can draw on in the encounter, which also depend on the social context of the encounter. These roles and resources can be a child’s status in the relation with teachers or the child’s social position within the peer group, which points to the important characteristic of the encounter between teacher and child: the encounter has an audience,

namely the school class. Finally, the dissertation illustrates that the identity lessons in health carried out by teachers in the interaction with pupils do not primarily take the form of explicit stigmatization of individual pupils but acquire an implicit and general character. These identity lessons are aimed at the audience – the pupils as a group – and are often carried out by constructing an excessive other outside of the classroom. Moreover, the analysis shows that identity lessons in the encounter between state and citizen are not only performed on citizens by the state, but citizens also perform identity lessons on each other. Again, this illustrates the significance of the characteristic of the encounter being between the state and a collective of citizens – or in other words that the encounter between teacher and child almost always has an audience.

Overall, the dissertation points to the importance of meaning making and identity formation processes in the encounter between policies, frontline workers and citizens and in particular to the agency of frontline workers as well as citizens in these processes. It is crucial to pay attention to how the meaning of policies and identities is constructed and transformed in encounters in the street-level bureaucracy if we want to fully understand the influence of policies in everyday life as well as the possibilities and limits of governance.

Dansk resume

Denne afhandling undersøger, hvordan sundhed og sundhedsidentiteter konstrueres og transformeres i mødet mellem sundhedspolitikker, lærere og elever i den danske folkeskole.

At fremme elevernes sundhed er blevet en af folkeskolens kerneopgaver. Sundhedsundervisning er et obligatorisk emne i folkeskolen, og folkeskolereformen har blandt andet medført krav om, at børnene skal bevæge sig dagligt samt et skærpet fokus på sund kost. Målet med dette skulle gerne være sunde børn og glade børn. Spørgsmålet er, hvad der rent faktisk sker, når disse politikker og hensigtserklæringer udmønter sig i praksis. Studier af sundhedsindsatser i skolen fokuserer hovedsageligt på effekten af disse indsatser enten i forhold til elevernes faktiske sundhedstilstand eller i form af læringsudbyttet af sundhedsundervisningen. Spørgsmålet om, hvad der sker i skolerne i interaktionen mellem lærere og elever, når sundhedsfremme tiltag skal realiseres, er derimod ikke genstand for specielt meget opmærksomhed. Denne afhandling forsøger at belyse denne proces ved at anlægge et encounter-perspektiv på sundhedsfremme i folkeskolen, dvs. ved at fokusere på hvad der sker i mødet mellem politikker, lærere og elever i hverdagen i skolerne.

Afhandlingen trækker på teorier fra offentlig forvaltning om implementering i frontbureaukratiet samt sociologiske teorier om menings- og identitetsdannelse i mødet mellem velfærdsprofessionelle og klienter i velfærdsinstitutioner. Afhandling sigter på at bidrage til disse literaturer ved at overføre og tilpasse begreber og teoretiske indsigter fra studier inden for disse felter til en type stat-borger-møder, som ikke har været nær så undersøgt inden for disse teoretiske retninger, nemlig mødet mellem statens moralske projekt (i form af sundhedsfremme og forebyggelsespolitikker), frontpersonale og ”de normale borgere”, samt ved at sætte fokus på kompleksiteten i både frontpersonalets og borgernes agens i mødet.

Mere specifikt undersøger afhandlingen tre spørgsmål:

1. Hvordan konstrueres og transformeres meningen med sundhed og sundhedsfremme i mødet mellem sundhedsfremme politikker, lærere og elever?
2. Hvordan konstrueres og transformeres identiteter som sunde og usunde i mødet mellem sundhedsfremme politikker, lærere og elever?
3. Hvordan performs og forhandles identiteter som sunde og usunde i mødet mellem lærere og elever?

Afhandlingen baserer sig på et fortolkende etnografisk studie, der kombinerer observationsstudier med forskellige former for interview samt indsamling af

policy-dokumenter for netop at muliggøre en undersøgelse af mødet mellem sundhedsfremmepolitikker, lærere og elever i hverdagslivet i skolen.

Afhandlingen består af tre forskellige analyser, som adresserer hver deres af de tre forskningsspørgsmål præsenteret ovenfor. Analyserne er udført med tre forskellige analytiske greb og bidrager med forskellige perspektiver og belyser forskellige aspekter af mødet mellem sundhedspolitikker, lærere og elever i den danske folkeskole.

Den første analyse er en diskursanalyse, som undersøger, hvordan meningen med sundhed og sundhedsfremme konstrueres og omfortolkes af aktørerne i det empiriske felt. Den næste analyse er en kategoriseringsanalyse, der undersøger, hvordan kategorierne "sunde børn" og "usunde børn" konstrueres og omformes i mødet mellem politikker, lærere og elever. Den sidste analyse er en symbolsk interaktionistisk analyse, som belyser, hvordan identitetslektioner i risiko- og ikke-risiko-identiteter performs og forhandles i interaktionen mellem lærere og elever og mellem elever.

Afhandlingen har tre overordnede fund. Først og fremmest viser analyserne, hvordan menings- og identitetsdannelse også bliver et resultat af politikker. Implementering af politikker er ikke kun et spørgsmål om, hvorvidt en service eller regel leveres eller håndhæves i overensstemmelse med dens formål. Når politikker realiseres i frontbureauet såsom i skolen, involverer denne proces også, at meningen med disse politikker konstrueres og transformeres af aktørerne på det empiriske felt. Denne afhandling viser, at sundheds og sundhedsfremmes betydning hovedsageligt fortolkes og indlejres i skolens civiliseringsprojekt, når disse politikker realiseres i dagligdagen i skolen. Sundhedsfremme udmønter sig således som identitetslektioner i "det sunde og det usunde barn" og konstruktionen af sundhed og sundhedsidentiteter bliver et spørgsmål om moral og individernes moralske værd.

For det andet illustrerer afhandlingen, at lærere og elever er handledygtige agenter, som transformerer og omfortolker meningen med sundhed og sundhedspolitikker samt sundhedsidentiteter. Derudover peger analysen på den komplekse karakter af læreres og elevers agens i mødet. Med hensyn til lærernes agens viser afhandlingen, hvordan narrativen om statsagenten, den professionelle agent og borgeragenten ikke blot sameksisterer men smelter sammen og samtidig både begrænser og muliggør hinanden. Desuden viser analyserne, hvordan børn ikke er magtesløse borgere i mødet men engagerer sig i konstruktion og forhandling af mening og identiteter. Ligesom lærere har børn forskellige ressourcer og roller, de kan trække på i mødet, som også afhænger af den sociale kontekst. Disse roller og ressourcer kan være barnets status i relationen til lærerne, men kan også bunde i barnets sociale position blandt klassekammeraterne, hvilket peger på et vigtigt kendetegn ved mødet mellem lærer og barn: mødet har et publikum i form af skoleklassen.

Endelig illustrerer afhandlingen, hvordan de identitetslektioner i sundhed, lærerne udfører i interaktionen med eleverne, ikke primært tager form af eksplicit stigmatisering af enkelte elever men derimod får en implicit og generel karakter. Disse identitetslektioner er rettet mod et publikum, dvs. mod eleverne som en gruppe, og udføres ofte ved at konstruere en "umådeholden anden" uden for klasseværelset. Desuden viser analysen, at identitetslektioner i mødet mellem stat og borger ikke kun performes af frontpersonalet på borgeren, men at borgerne også performer identitetslektioner på hinanden. Dette illustrerer igen betydningen af, at mødet mellem skolen og barnet for det meste udspiller sig som et møde mellem læreren og en gruppe af elever. Med andre ord har mødet mellem lærer og barn næsten altid et publikum.

Samlet set peger afhandlingen på vigtigheden af menings- og identitetsdannelsesprocesser i mødet mellem politikker, frontpersonale og borgere, samt frontpersonalets og borgernes agens i disse processer. Hvis vi vil opnå en dybereliggende forståelse af den indflydelse, politikker får, samt mulighederne og grænserne for styring af såvel borgere som frontbureaukratiet, er det nødvendigt at have blik for, hvordan meningen med politikker samt de identiteter, der følger med politikkerne, konstrueres og transformeres i mødet mellem stat og borger.