Edited by Deana Leahy, Katie Fitzpatrick and Jan Wright

ROUTLEDGE

Social Theory and Health Education

Forging New Insights in Research

CRITICAL STUDIES IN HEALTH AND EDUCATION

SOCIAL THEORY AND HEALTH EDUCATION

Social Theory and Health Education brings together health education scholarship with a diverse range of social theories to demonstrate the value and impact of their application to associated health and education contexts.

For the first time, this book draws together cutting-edge research that demonstrates the productive and impactful ways social theory can be applied to the diversity of research in this field. Topics covered include digital health, health education in sexuality, gender and health, food and nutrition, mental health and wellbeing, environment, and alcohol and drug use. In exploring these topics, each author utilises different theorists and concepts to compellingly demonstrate their application to a range of health education research contexts.

This collection provides examples for both students, early career and established scholars that showcase ways that social theory can be utilised in empirical and theoretical research. The collection also highlights how health education scholarship can be enhanced by engaging with social theory. It also explores the viability of various theories for work in this field, and their potential to generate new approaches for research.

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CRITICAL STUDIES IN HEALTH AND EDUCATION

Series Editors: Katie Fitzpatrick, Deana Leahy, Michael Gard and Jan Wright

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Deane Leahy, Katie Fitzpatrick and Jan Wright

Schools, Corporations, and the War on Childhood Obesity
How Corporate Philanthropy Shapes Public Health and Education
Darren Powell

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For Kathleen and to thinking wildly

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1

WHY DO WE NEED SOCIAL THEORY IN HEALTH EDUCATION?

Deana Leahy, Katie Fitzpatrick and Jan Wright

In her book *Cruel Optimism*, Lauren Berlant (2011) states that "long term problems of embodiment within capitalism, in the zoning of the everyday, the work of getting through it, and the obstacles to mental and physical flourishing are less successfully addressed in the temporalities of crisis and require other frames for elaborating context of doing, being and thriving" (p. 105). Berlant's quote, and indeed her whole book, has much to offer those of us who are interested in trying to make sense of health education and its various ambitions and tactics. For the purposes of our present discussion though, her point about the necessity for *other frames for elaborating* is significant. Whilst theory has been a mainstay of health education over time, following Berlant, we want to suggest that there is a pressing need to turn to other frames to help us think differently about the project of health education and ask new questions about how it is imagined, assembled and enacted in the everyday.

What might these other frames be? And how do they help us broaden our understanding of the work of health education? For us, and many others, social theory has helped us think differently about health education and to make 'the familiar' and "taken for granted-ness" of health education, strange. Over time we have drawn on the same or different social theorists to help us both frame and do our research. We have drawn inspiration from numerous scholars from an ever widening range of fields. This book includes chapters from many of these scholars, each of whom demonstrate both how and why they draw on particular theorists and/or theoretical concepts and put them to work in their research. This book is thus ideal for those who are newly interested in understanding how social theory can be utilised in research or for those who are interested in exploring new frames. The book should also serve as a useful prompt for those of us who already hold passionate attachments to a particular theorist or concept; to help us question and rethink how and why we rely on particular theorists in our work and whether in fact we need to think otherwise about our research.

Why social theory?

As we have stated above, social theory offers us necessary new ways for thinking about health education and its different contexts. As Wright (2008) argues, following Ball (2006), "contemporary social theory should not only encourage researchers to avoid foreclosure of ways of describing the world but should also expect that they continue to be reflexive about theory as well as using theory to reflect" (p. 8). As Rasmussen argues in chapter two of this book, theory has a range of possible benefits but it ultimately allows us to explore the boundaries of (our own) thinking, and to open up possibilities of the unthought. Social theory then can help us develop new and different insights into health education's successes and failings. Wright notes that theory is also a kind of toolbox for thinking and that "Without my conceptual toolbox I would not be able to work; it has provided guidance in conceptualising research problems, in framing research questions and in developing an analytical framework to interrogate the data" (Wright, 2008, p. 10). Like Wright and Rasmussen, Lather (2007) notes that theories also have limitations, and she encourages scholars to critique the theoretical tools they use, even while continuing (by necessity) to use them. She describes this as a process of keeping in tension the necessity of using theory, with the limitations and uncertainties that (in this case, poststructuralist) theories engender, in order to "trouble the very categories I can't think without" (p. 41). Crucially though, she states that "My central argument has been that the turn that matters in this moment of the post is away from abstract philosophizing and toward concrete efforts to *put the theory to work*" (p. 157, emphasis added).

In a 2004 paper, Zygmunt Bauman—with reference to theory—compares the work of a sociologist to that of a poet. Drawing on Milan Kundera, he surmises that a poet's work is to break down the walls to reveal something hidden beneath. He argues that "we need to pierce the walls of the obvious and self-evident, of that prevailing ideological fashion of the day whose commonality is taken for the proof of its sense" (p. 359). He argues that "Demolishing such walls is as much the sociologist's as the poet's calling, and for the same reason. The walling up of possibilities belies human potential while obstructing the disclosure of its bluff" (p. 340). For us, the application of social theory helps to break down the walls of the self-evident to challenge the 'ideological fashion' that demands the (re)production and relentless repetition of particular views of health education that have come to dominate what is thinkable and knowable.

In the field of health education, such walls are particularly well constructed and reinforced. As we have stated earlier, people are committed to particular approaches to health education. Many of the approaches have strong foundations in health promotion theories and models. These models are often coupled with a sense of crisis and urgency (Leahy et al., 2016). For Berlant and for us, this coupling serves to foreclose what is possible. We want to suggest that this is because the various alliances and repetition serve to prevent us from embracing the wildness of thinking beyond the immediate order (Brown, 2005).

Being too theoretically narrow is ultimately limiting over time. Evans and Davies (2011) observe that, in some areas of research, theoretical monogamy is encouraged so that:

> Our students spend years determining what position they should stand for, what approaches they represent, thus learning to enter research environments with eyes wide shut to the possibilities that other perspectives and forms of theory might offer. Counter-theorising is weak, even regarded with suspicion. One learns to be afraid to think outside the frame (p. 275).

With this critique in mind, we offer this book as an example of the value of theoretical diversity so as to enable scholars and students to engage with a broad (but, of course, not limitless) array of social theories to think differently and wildly about health and health education. In a sense we are advocating what might be referred to as theoretical polyamory as a way to consider new ways of, and frames for, thinking in an attempt to get us outside of our usual orbits and habits of thought in health education. The different chapters draw on a range of social theorists and concepts to show both how social theory can be applied to health education and related contexts and to demonstrate the value of using social theory to think about health education and its various contexts. In each chapter of this book, the authors take a different social theory or concept, and demonstrate how they have used this theory in their research and to what effect. The overall purpose of bringing these together in such a way is threefold:

1. To demonstrate to those new to social theory how to apply such concepts to empirical and theoretical materials.
2. To show how the field of health education is moved forward by, and with attention to, social theory.
3. To illustrate how different social theories highlight different aspects of any analysis, and overcome the limitations of descriptive and 'common sense' approaches.

The book thus aims to showcase the advantages, complexities, and epistemological issues of various theoretical approaches and addresses the following questions:

- What do different theories do in health and education contexts?
- How can I go about choosing and applying theory to my work?
- Can different theories work together and what are the issues with this?
- How does theory shift and extend knowledge in the field of health and education?
- How can we better use theory with students in health education?

In terms of organisation, the book has been largely organised by alphabetical order. We have obviously placed this chapter first as a way to set the scene. We

have also purposefully placed Mary Lou Rasmussen's 'Working with social theory in health education' chapter next. Both chapters serve to introduce the need for social theory and thus the book and we would suggest that reading both will provide a useful overview and a guide to how to read the chapters. The remaining chapters are arranged alphabetically. We have included the key theorist/concepts and key words in the Table 1.1 so you the reader can easily identify the chapters that will be of most use to you and/or your students.

We are so very grateful to all of the authors who submitted chapters. We are also very grateful to the authors who have gone before us and published books about different

TABLE 1.1 Keyword guide to chapters

Chapter	*Authors*	*Title*	*Key words*
1	Deana Leahy, Katie Fitzpatrick and Jan Wright	Why do we need social theory in health education?	Berlant, Brown, social theory, health education
2	Mary Lou Rasmussen	Working with social theory in health education	Social theories, research traditions, health education
3	Lisette Burrows and Jan Wright	Biopedagogies and family life: A social class perspective	Foucault, biopedagogies, food, social class
4	Adrian Farrugia	The ontological politics of partying: Drug education, young men and drug consumption	Latour, Mol, drug consumption and education, ontological politics, young men
5	Katie Fitzpatrick	Using Bourdieu to understand health and education	Bourdieu, field, habitus, capital, health promotion and equity.
6	Nina Hein and Dorte Marie Søndergaard	Poststructuralist and new-materialist approaches to analyses of bullying	Poststructuralism, New materialism, apparatus, intra-action, school bullying
7	Deborah Lupton	Vital materialism and the thing-power of lively digital data	Bennett, vital materialism, personal data, vignettes, self-tracking
8	Peta Malins and Nick Kent	Assembling affects: A Deleuzo-Guattarian approach to school drug education	Deleuze and Guattari, drug education, pedagogy, assemblage, desire
9	Julie McLeod and Katie Wright	Critical policy studies and historical sociology of concepts: Wellbeing and mindfulness in education	Foucault, Bacchi, critical policy studies, historical sociology, wellbeing
10	Catriona O'Toole and Roisin Devenney	'School Refusal': What is the problem represented to be? A critical analysis using Carol Bacchi's questioning approach	Bacchi, school refusal, emotional distress, non-attendance, problematise

Table 1.1 (Cont.)

Chapter	*Authors*	*Title*	*Key words*
11	Dawn Penney	Health education policy and curriculum: Bernsteinian perspectives and a whole new Ball game	Bernstein, Ball, curriculum, policy, knowledge relations
12	LeAnne Petherick and Moss E. Norman	Navigating health knowledge: Postcolonialism and ethnic minority girls' experiences of health education in school contexts	Bhabha, Spivak, Postcolonial theory, cultural supremacy, health education
13	Darren Powell and Carolyn Pluim	Governmentality, school nutrition and the international practice of governing health behaviours	Foucault, governmentality, government school nutrition, childhood obesity, parents
14	Richard Pringle	'Deleuze for goodness sake': Examining health inequities via assemblage theorising	Deleuze and Guattari, assemblage, materialism, transcendental empiricism, determinants of health
15	Kathleen Quinlivan	Re/doing sexuality education research as a rhizomatic pedagogical encounter and its educational implications	Deleuzo-Guattarian theory, rhizomatics, sexuality education, pedagogy, research methodologies
16	Eva Reimers	Education as products and productions of norms	Foucault, Butler, Laclau and Mouffe, norms, norm critical pedagogy
17	Emma Rich, Sarah Lewis and Andy Miah	Digital health technologies, body pedagogies and material-discursive relations of young people's learning about health	Posthumanism, affect, public pedagogy, body pedagogy, critical digital health
18	Karen Shelley and Louise McCuaig	Putting Foucauldian ethics to work in critical health education	Foucault, ethics, genealogy of subjectification, health education, teacher education
19	Venka Simovska, Nis Langer Primdahl and Anders S kriver Jensen	Engaging with normativity in health education research: Inspiration from Continental Critical Theory	Klafki, Habermas, normativity, health education, schools
20	Roz Ward	Destroying the family and civilisation: Marxism, safe schools and sexuality education	Marx, LGBTI, family, schools, sexuality education
21	Megan Warin	Beyond carrot sticks and sermons: The practice of education in obesity interventions	Ingold, anthropology, obesity, eating, social practice theories
22	Benjamin Williams and Jessica Lee	Public health pedagogy and technology as a mode of existence	Latour, modes of existence, cosmopolitanism, public health pedagogy

social theorists and what they offer our research and thinking. They have helped us enormously to grapple with theory in our own research over time and provided us with inspiration to do something along similar lines applied to health education and many associated contexts (see for example, Beliharz, 1991; Jackson and Mazzei, 2012).

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2

WORKING WITH SOCIAL THEORY IN HEALTH EDUCATION

Mary Lou Rasmussen

Introduction

Gayatri Spivak wrote our society is doomed, because

> Theory is epistemological and ethical healthcare for our society.
>
> *(Spivak, 2015, n.p.)*

Working with theory in health education means quite different things depending on how one enters the field. Whatever approach one might use, theory is not straightforward, but it is also indispensable to the work of health education. Grappling with theory can evoke feelings of confusion as one endeavours to make sense of new ideas, or to innovate by bringing a new theory to an old problem. People frequently bring different parts of existing theories together; this enables them to address a problem from a new angle. Working with theory requires theorists to understand the basics of a particular approach, but not to feel beholden to that approach. Fidelity to a particular theorist is not necessarily a virtue, but it can also be an appropriate response to an issue one is trying to address.

For example, Foucault's analysis of power and biopolitics has been critical for me in trying to grasp questions related to the body, gender and sexuality in education. Using social theory means understanding that

> Power's "grasp" of life (in the double sense of grip and understanding) does not allow us to stand outside of our own lives, to project ourselves, to devise narratives able to change the conditions of our living non-existence. We are the animal whose politics place that existence—note "existence," not "life"—in question.
>
> *(Campbell and Sitze, 2013, p. 13)*

The critical message here is that when using social theory one is not observing from above—taking a dispassionate view. Social theory questions the possibility of theorising in this mode. Which isn't at all to say that this type of theorising has ceased to exist. Rather, social theory is a form of shorthand for diverse ways of grasping that 'health' and 'education' that cannot be separated from existence.

This perspective contravenes common-sense understandings of health and education. In popular discourse, particularly in studies of health, theory is often synonymous with science and the perceived capacity of science to

> make things visible or intelligible that are not immediately observable. In the natural sciences theory often performs this function by making plausible why certain laws—such as Ohm's law or Boyle's law—are as they are …
>
> *(Biesta, Allan and Edwards, 2011, p. 227)*

But social theory, at least as many of the contributors to this book understand it, is not set in stone—and this can be a source of anxiety for people new to theory, precisely because it is viewed as unscientific.

In her essay "The biopolitics of postmodern bodies: Constitutions of the self in immune system discourse" Donna Haraway reminds us that while science may be represented "as a univocal language … even the spliced character of the potent words in 'science' hints at a barely contained and inharmonious heterogeneity" (Haraway, 1989 in Campbell and Sitze, 2013, p. 275). If science and social theory are as heterogeneous as Haraway suggests, what does this mean for the rigour of arguments that are proposed? Often, the measure of what constitutes good theory in people's minds might be a theory that can stand the test of time and that, like some theories in the natural sciences, is able to proffer a clear answer to a question that can be retested in different circumstances and achieve the same result.

Anxiety about the rigour of theory and methodology in research is widespread. Ien Ang, writing about the field of cultural studies, speaks to an "ongoing sense of crisis, a general apprehensiveness over the question whether cultural studies is able to live up to its own self-declared aspirations, both intellectually and politically" (2006, p. 184). She attributes this anxiety to the field's parameters being "notoriously indefinite" (2006, p. 184) and goes on to suggest that this lack of definition is one of the strengths of cultural studies, ensuring that the field does not stagnate intellectually or politically. I am making an argument that Health Education as a field is, whether we like or not, pliable—answers to key questions cannot be set in stone. Though in making this claim I don't mean to imply that anything goes with theory.

What is theory?

Theory is an invaluable resource, with theory it is possible to apprehend Health Education in ways that shift "power's grasp" in the field. Kalervo Gulson, Matthew Clarke and Eva Bendix Petersen speak to the question of what makes theory useful. They argue:

> the task of scholarship is to begin to get a sense of one's own presuppositions, one's values and one's habituated ways of explaining things and of making sense, and, importantly, to get a sense of other possible presuppositions.
>
> *(2015, pp. 3–4)*

Reading theory isn't just about getting to know what others think, it is also, inevitably, about developing an understanding of how we have come to know, what we know, and to better understand our own prejudices, attachments and affiliations to particular ways of seeing and disciplinary approaches. Working out one's own theoretical affiliations ought not be confused with feeling a need to pick sides between approaches. Who or what we read is always a political, strategic and ethical decision. Though any type of theorising we choose to do—or not to do—reveals our own prejudices and attachments regarding the work of theory. This is also part of the joy, shame, discomfort and disorientation of working with theory. Theory is not disembodied, but nor is it necessarily identity based (see Talburt & Rasmussen, 2010).

Whatever route we choose, debates about theory are always embedded in the politics of knowledge. Raewyn Connell urges us to inquire into the colonising politics that inform the theorists and theories we engage. Consequently, Connell urges researchers to take up the project of decolonising theory—for more democratic theoretical conversations. For Connell, such conversations would surface knowledge from the global south (the periphery), at once refusing the dominance of northern theory—theoretical perspectives generated in the metropole (see Raewyn Connell, 2007).

Theory and the empirical

Gert Biesta, Julie Allan and Richard Edwards, in a discussion of what they call the "theory question" identify "unhelpful dichotomies such as theory versus practice, the theoretical versus the empirical, or theoretical versus useful. Such rhetorical moves have tended to give theory a bad name" (Biesta et al., 2011, p. 226). These notions are unhelpful, they argue, because theory is not distinct from practice, theory informs practice and practice informs theory—affirming the two as distinct covers over this. Consequently, the connections between the two [the theoretical and the empirical] are often impossible to disentangle. Biesta et al. (2011) also resist the notion that theory is distinct from the empirical. The empirical that they evoke relates to types of data gathering (observation, interviews, surveys, discourse analysis, longitudinal studies, comparative studies, case studies), research methods which have come to be seen as indispensable to research in the field of education. In *Theory for Education*, Greg Dimitriadis and George Kamberelis point to the problem of what "C. Wright Mills called 'abstracted empiricism'—disconnected studies that take on individual empirical questions without regard to a larger 'research imaginary'" (2006, p. vii).

In an introduction to a special issue of the *European Journal of Social Theory,* entitled "What Is the Empirical?" Lisa Adkins and Celia Lury, aren't concerned with making sociologists more accountable through methodological invention. Rather, they argue we are in the midst of "a necessary and productive destabilization of the functioning of the empirical in the determination of the character, status and role of the discipline" (2009, p. 7). Such a crisis won't be remedied by further refinements to data collection, or in understanding how questions of health are contested across public and private domains because, they argue, inspired by Patricia Clough's contribution to the special issue

> something other is needed because we now live in a world of affects, a world that method concerned with human interpretation and meaning cannot reach. The contemporary world, Clough argues, is one in which the modulation of affect of populations is central … this world requires not better theory, improved methods or a revised epistemology, but the development of an expanded empiricism.
>
> *(Adkins and Lury, 2009, p. 9)*

What might this mean for research in Health Education? One response is to think about theory that grasps affect, without seeking to control affect. Kathleen LeBesco attempts such a manoeuvre in her article 'Neoliberalism, public health, and the moral perils of fatness'. Le Besco looks at resistance "biomedical regimes of power". LeBesco's project revolves around "Decentering health as the be-all, end-all of human subjectivity" (2011, p. 162), particularly in relation to studies of fatness and obesity. Critical to LeBesco's theoretical approach is a desire to "leave room for the possibility that such oppositionality is part of what keeps people sane and healthy in a pathologizing environment" (2011, p. 162). Reading LeBesco alongside the challenges to empiricism articulated by Lury and Adkins, it is possible to see the limitations of research that endeavours to grasp the logics of obesity through careful study of why people are resistant to dietary discipline. Inspired by LeBesco, an expanded empiricism in studies of obesity in health education might explore "modulations of affect" associated with oppositionality, not for the purposes of redemption, but rather to better understand the continuing failure of health interventions predicated on combat obesity without interrogating the force of affect.

Turning to the field of sexuality education, one of my own fields of research, it is possible to illustrate how the enactment of divisions between the empirical and the theoretical may lead researchers and consumers of research to assume that it is only possible to understand a phenomenon like sexting at school by doing fieldwork. Amy Dobson and Jessica Ringrose note sexting

> combines the words 'sex' and 'texting' and has been connected to a range of practices where sexually explicit materials are digitally circulated, including the exchanging of nude, semi-nude, or sexually suggestive images and texts of and between peers via mobile phones or on social network sites.
>
> *(2016, p. 8)*

In research on sexting there might be an assumption that going out into the field and observing teachers and students talking about sexting in school contexts is fundamental to understanding the phenomenon of sexting. But we can't really apprehend what we have observed about sexting at school or in any other context, unless we utilise theory. This prompts the question not about "what works best in regard to sexting prevention?" but rather "what type of relationship to sexting are we trying to achieve?" In order to answer this question it is important to have some idea of why people sext. And, to recognise that prevention might not only be impractical, it may also be undesirable if it assumes in advance that all sexting is malevolent. Good research about sexting will bring together diverse observations about sexting in education contexts, and a theoretical understanding of young people, sexuality, health and education. Ideally this research will also be informed by some grasp of the history of debates about young people, sexuality, health and education that continue to shape, in advance, what can and can't be said about sexting within school contexts.

Another contemporary debate about theory revolves around humanism and the more than human in our research. Helena Pedersen (2010), drawing on the writing of Donna Haraway (2008), asks researchers to think more about human–animal relations advocating further exploration of "how pedagogies are creatively tangled up with, and used by, regimes of biopower, biocapital, and other forms of embodied commodification of interspecies relationships" (p. 247). Lisa Slater, also inspired by Haraway, seeks to question how we imagine caring for others in the Australian context where the

> art of caring for others or instituting good health and wellbeing continues to be modeled on settler liberal concepts of what is a good life and a healthy subject-citizen. In contrast, many Indigenous people have called upon settler Australia to recognise and take seriously alternative life worlds and thus to imagine different futures. To do so, we need to ask, what are the world-making effects of our caring stories?
>
> *(Slater, 2016, p. 134)*

From these theoretical perspectives, the more than human is the assemblage in which we are currently embodied and entangled—the types of intra-actions it produces are messy, unpredictable and often colonising, even when we think we are endeavouring to promote health and wellbeing.

How does theory relate to different research traditions?

Above I have considered debates about what theory is, about rigour and theory, as well as looking at some contemporary debates regarding questions to consider when determining what theory to engage when conducting educational research. Now I take a step back and consider some different ways of seeing theory. In their introduction to *Theory for Education* Greg Dimitriadis and George Kamberelis make

a distinction between the ways in which theorists inform research, and the "ways in which different theoretical orientations inform approaches to research, particularly in education" (2006, ix). In making this distinction Dimitriadis and Kamberelis are referring to their analysis of "historically and temporally situated ways of reading the world: *objectivism, interpretivism, scepticism, and defamiliarization*" (my emphasis; see Kamberelis, 2005). These ways of seeing are recognised as influential across the social sciences.

While Kamberelis and Dimitriadis break research down into ways of seeing, Biesta, Allen and Edwards find it more useful to classify theoretical approaches in terms of their purposes, highlighting three different roles of theory which perform quite distinct functions; namely "research that aims to explain [objectivism], research that aims to understand [interpretivism], and research that aims to contribute to emancipation" (Biesta, Allen, & Edwards, 2011, p. 226). Below, some of the functions that are largely implicit in these different ways of seeing are elaborated.

Objectivism is a powerful approach—it is important to recognise the continuing value and power of this tradition in educational research. Arguably, objectivism is the approach to educational research that continues to hold the most sway in terms of public policy; it is often characterised as robust, persuasive and, therefore, the least politicised mode of research. McClelland and Fine argue that "without good science, we are not able to see or investigate a broad range of collateral consequences" (2008, p. 71). At the same time, McClelland and Fine rail against what they term "embedded science"; objectivist research that aligns with a specific political, social or economic agenda. Their use of the term embedded speaks to how "the scientific endeavor—in this case, the federal funding of abstinence research [in the US]—is embedded in political frameworks that demand that data conform to already existing assumptions and how these ideologies 'drip feed' into research method" (2008: 72). The theoretical tools we utilise will already have a relationship to objectivism—it is important to critically assess such relationships, keeping in mind the value of science, as well as McClelland and Fine's cautions about embedded approaches to objectivism.

Interpretivism is another key way of seeing identified by Kamberelis and Dimitriadis. Biesta, Allen and Edwards also discuss the notion of interpretivism—describing this as an approach to research that sees a role for theory in

> deepening and broadening understanding of 'everyday' interpretations and experience. The task for theory here is not to describe *what* people are saying and doing, but to make intelligible *why* people are saying and doing what they are saying and doing. The primary interest of critical theory lies in exposing how hidden power structures influence and distort such interpretations and experiences.
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> *(Biesta, Allen & Edwards, 2011, p. 226; emphasis in original)*

In coming to terms with theory, it is important to contextualise how the theory we use is situated, relative to other purposes of research. Apprehending these differences enables us to evaluate research with its purposes in mind. Graduate

students who are new to research often make the mistake of assuming that all research has similar purposes, and thus they apply the same evaluative criteria to all the research they read, regardless of the theoretical approach it adopts. Coming to terms with theory requires a capacity to evaluate research according to the field in which it is situated. If we judge an interpretivist study as lacking because it has failed to expose hidden power structures—then we have quite likely misunderstood what the researchers set out to do.

It is also important to consider our own relationship to theory—do certain traditions/theorists make us feel comfortable? It may be valuable to read theory precisely because it challenges our own preconceptions or habits of thought. In this regard it is useful to think about how we are drawn to theory, theorists and concepts, and to actively resist only reading theory that confirms what we think we already know about a particular question. For me, some of the most exciting theory makes the familiar appear strange, thereby calling me to question what I thought I already knew about a particular issue. It is also important to recognise that theory is dynamic, as is our relationship to it. Different theorists/traditions/concepts may appeal depending on the question under investigation—we don't need to be monogamous with theory.

Relationships to theory, theorists and theorising also change over time in the field of education. At particular moments different theoretical ideas are predominant at conferences, in journals and in "cutting edge" academic work. Given trends with theory it also worthwhile being wary of what Mark Dressman calls the "siren song of a good theory" (2009, p. 95)—arguing that "one likely outcome of a slavish devotion to a particular theoretical frame is the premature foreclosure of possible sources and types of data or analytical techniques, such as coding practices, that can significantly limit the range of possible interpretations of data in later stages of a study" (2009, p. 97). In short, not all theories are applicable to all situations—it is important to ask whether or not the theory being utilised is appropriate for the context in which it is being put to work. Which isn't to say that new theoretical approaches cannot be adopted where previously they may have not been applied—it is to reckon with the siren song of theory and to recognise that at some point in our career we may all be susceptible to the seduction of the latest theoretical fashion—even when the fit may not be quite right.

Theory building and data analysis in health education

Theory is not static. Educators utilise existing theories, but they also depend on research to build theory. Below I illustrate how people are building theory in order to look anew at existing approaches to health education and young people's consumption of drugs, in response to data they collected. I also consider some instances of theory building relating to the question of how data is understood and collected. This is recognition of the ways in which data and theory are always interconnected.

In an article entitled "Assembling a health[y] subject: Risky and shameful pedagogies in health education" Deana Leahy observes that a lot of researchers in health education have traced "the myriad ways that neoliberalism and risk imbue both policy and curriculum hopes…" but she also notes few researchers have observed "how neoliberal and risk-inspired governmental imperatives of health and health education are enacted" (2014, p. 172). By observing health education in action via an ethnographic study of health education classrooms Leahy argues it is possible to "develop a more nuanced and sophisticated understanding of the politics of health education, its hopes and enactments" (2014, p. 178). One of the insights Leahy developed through her observations was an appreciation of the ways risk discourses and neoliberal discourses of responsibilisation in health education are interwoven with "affective intensities of shame and disgust" (2014, p. 179) in an effort to cultivate students as particular types of healthy subjects. Through Leahy's observations it becomes apparent how, at least in the space of the classrooms in which she observed, young people were required to (and often did) acquiesce to the risk discourses that teachers and governments mobilise, further affirming for educators their perceived value as a persuasive form of health education. This style of health education demands interrogation because of the ways in which it reinscribes particular people and practices as unhealthy and abject. It also fails/refuses to apprehend how young people engage/contest/ignore risk assemblages in their lives outside the classroom.

Leahy also utilises contemporary theorising regarding affect, specifically shame and embarrassment, to understand how risk discourses were further embedded via their entanglement in the production of "melodramatic pedagogical moments" (2014, p. 177). Making this theoretical move helps Leahy understand a significant relationship between affect and risk discourse in health education. Those who had theorised the influence of risk in health education did not make this theoretical insight. Observing risk discourses in motion in a classroom setting enabled Leahy to make this theoretical leap. This move is important in shifting thinking about how health education engages risk, and how future health educators might resist the temptation to invoke the melodrama of risk.

In another study Adrian Farrugia argues that many existing theoretical approaches to drug consumption and education are problematic because they are tainted by the risk discourses identified by Leahy above. He observes that such approaches effectively close "off any analysis of the kinds of positive practices and experiences" (2015, p. 247) young men might associate with drug consumption. Farrugia underscores the importance of engaging theories

> that allowed for fluidity and change. In doing so, I have been able to map experiences, practices, and affects that are beyond the reach of peer pressure, hegemonic masculinity, and other approaches that assume social forces, working through the action of ontologically distinct bodies, impose themselves from above, or outside, local assemblages.
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> *(2015, p. 252)*