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Health by stealth – exploring the sociocultural dimensions of salutogenesis for sport, health and physical education research

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ABSTRACT

Sport, health and physical education (SHPE) researchers have increasingly embraced the salutogenic model of health devised by Aaron Antonovsky, to re-understand and problematise the relation between movement, physical activity or physical education on one hand, and health on the other. However, contemporary research employing Antonovsky's theories has almost exclusively focused on the sense of coherence scale. In so doing, we suggest salutogenic researchers have missed opportunities to explore the sociological aspects of Antonovsky's work. In responding to this challenge, we demonstrate the generative possibilities posed by social theory for those seeking to inform and design salutogenically oriented SHPE programmes for children and young people. As such, we first review Antonovsky's theory of salutogenesis to highlight the sociocultural aspects of his model. We then draw on these sociocultural underpinnings to propose additional, alternative approaches to salutogenic research in SHPE, according to the theoretical and methodological tools devised by Michel Foucault [1990. *The use of pleasure: The history of sexuality* (Vol. 2, R. Hurley, Trans.). New York: Vintage Books]. In conclusion, we propose a schedule of research questions to inspire qualitative endeavours that move beyond privileged biomedical perspectives, to investigate health in terms of how individuals live a good life. In short, we contend that such investigations are best achieved when researchers approach 'health by stealth'.

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Introduction: where is the river in salutogenic research?

Within the fields of sport, health and physical education (SHPE), researchers have increasingly embraced broader notions of health, to re-understand and problematise the relation between movement, physical activity or physical education on one hand, and health on the other. One such notion is the salutogenic theory of health devised by Aaron Antonovsky, a resource-based, problem-solving model, which focuses attention on 'what creates health rather than only what are the limitations and the causes of disease' (Antonovsky, 1979, p. 12). First introduced to SHPE scholars by Quennerstedt (2008) through this journal, a salutogenic perspective of health has inspired the studies of health promotion initiatives in schools (Burrows, 2009) and young peoples' engagement in community sport (Thedin Jakobsson, 2014). Others have drawn on a salutogenic philosophy of health to inform new research agendas and rationales for school curricular that move beyond a deficit, or 'fix-it', perspective of youth, school HPE and its teachers (Light & Harvey, 2015; McCuaig, Quennerstedt & Macdonald, et al., 2013; Thorburn & Horrell, 2014). More recently, scholars have harnessed the

salutogenic perspective to promote innovative research approaches to sport and PE (Enright, Hill, Sandford, & Gard, 2014). It is to this latter body of literature concerning theoretical and methodological approaches to salutogenic research in the SHPE fields that this article seeks to make a contribution.

In a World Health Organisation (WHO) seminar in 1992, the health sociologist Aaron Antonovsky harnessed the river metaphor, often used in rationales for public health, to clarify his vision of salutogenesis as a theory to guide health promotion. In this seminal presentation, Antonovsky (1996a) considers curative medicine's preoccupation with saving swimmers from drowning downstream, and preventive medicine's concern with preventing people from falling or being pushed into the river upstream. Antonovsky argued, however, that from a salutogenic perspective, nobody is actually on the shore, 'we are all, always, in the dangerous river of life. The twin question is: How dangerous is *our river*? How well can we swim?' (Antonovsky, 1996a, p. 14). Accordingly, from this perspective health should always be attended to as a dynamic ever-present relation *between* the swimmer and the water. Nonetheless, contemporary public health research based on Antonovsky's theories has almost exclusively focused on the swimmer, trying to measure the swimming ability of the person, instead of posing questions about what swimming is, how we learn to swim and, of course, questions about the conditions of the water in which swimmers are immersed. We would argue that in focusing on the swimmer, many salutogenic researchers have missed the important sociological aspects and concepts of Antonovsky's work (1979, 1987, 1993, 1995, 1996a, 1996b). Consequently, we would like to ask, 'Where is the river in salutogenic research?'

Building upon this question, we want to 'pick up the baton' posed by Antonovsky's contention that 'there is no need – indeed, it would be unfortunate – to commit oneself to a particular methodology' (1979, p. 158). In responding to this challenge, we want to demonstrate the generative possibilities posed by social theory for those who are seeking to inform and design salutogenically oriented SHPE programmes for children and young people. As such, we first review Antonovsky's theory of salutogenesis to highlight the sociocultural aspects of his model. We then draw upon Antonovsky's sociocultural underpinnings to propose additional, alternative approaches to salutogenic research in SHPE, according to the theoretical and methodological tools devised by Foucault (1990). Drawing on this review, we propose a schedule of research questions to inspire qualitative endeavours that move beyond privileged biomedical perspectives, to investigate health in terms of how individuals live a good life. In conclusion, we suggest that such investigations are best achieved when SHPE researchers approach 'health by stealth'.

Understanding a salutogenic model of health

In his development of a salutogenic perspective on health, Antonovsky (1979, 1987, 1996a) continuously adopts a critical position towards a dominant pathogenic, mainly biomedical, view of health.

At the core of the pathogenic paradigm, in theory and in action, is a dichotomous classification of persons as being diseased or healthy. Our linguistic apparatus, our common sense thinking, and our daily behaviour reflect this dichotomy. It is also the conceptual basis for the work of health care and disease care professionals and institutions in Western societies. (Antonovsky, 1979, p. 39)

As Antonovsky (1979, 1996a) argues, this pathogenic perspective has a hegemonic hold on health research and practice in Western countries. This limited scope restricts the possibility of studies and practices incorporating other aspects of health. Antonovsky (1987) further asserts that pathogenic approaches tend to 'medicalize' human existence, and the preventive health strategies within this framework, more often than not, adopt a top-down perspective. Here people's lifestyles, or rather people's desirable or undesirable lifestyles (often in terms of eating and exercise habits), are automatically placed at the top of agendas. In contrast, if we shift our interrogations towards an understanding of the origins of health, Antonovsky (1979) contends that we must 'face the question

of whether the dichotomous approach is adequate or whether it may not be imperative to formulate a different conceptualization of health' (p. 39).

We agree with Antonovsky (1979, 1987, 1993, 1996a) and others (Eriksson & Lindstrom, 2008; Lindstrom & Eriksson, 2010; Quennerstedt, 2008), that there is a need to move beyond the health/disease dichotomy, towards an alternative conceptualisation of health as a dialectic process in terms of a multidimensional continuum between health ease and health disease. In contrast to the pathogenic paradigm where people are healthy or not healthy, the salutogenic model implies that everyone is in some way always healthy. When health is conceived in terms of a continuum, research and practice must necessarily focus on *different* origins of health, and acknowledge that different aspects of living in the world, and the resources or deficiencies of such living, are of interest from a health perspective. This process thus involves shifting our research focus from a one-sided interrogation of disease and risk factors, like the relation between in-activity and risk of disease and premature death, to a broader exploration of resources that develop people's health, without of course excluding the significance of disease, illness or risks.

The concept of health can then, in line with the WHO (1948, 1986), be widened beyond a simplistic individual concept, to one that encapsulates sociocultural dimensions, where health is developed as a *relation* between the individual and their surroundings (cf. Lindstrom & Eriksson, 2010; Quennerstedt, Burrows, & Maivorsdotter, 2010). Hence, the metaphor of the river, and the relation between the swimmer and their surrounding water. From this perspective salutogenic questions can be posed in practice and research in terms of: 'how can this person be helped to move towards greater health?' (Antonovsky, 1996a, p. 14). Of course, as Antonovsky reminds us, such questions cannot replace important pathogenic questions about the prevention or treatment of disease. But through these questions, we can offer an alternative to the hegemonic grip that pathogenic thinking has on health issues in society, especially on issues relating to the promotion of health through sport and HPE.

Generalised resistance resources, life experiences and sense of coherence

In efforts to 'unravel the mystery of health', Antonovsky (1987) encouraged researchers to focus on what he called Generalised resistance resources (GRRs). GRRs, or as we suggest *health resources*, are resources people draw upon to make sense of their life situation, to enact their lives, and thus develop their health (Antonovsky, 1979). Antonovsky (1979) describes these resources as diverse individual and sociocultural factors, including physical, material, cognitive, emotional, attitudinal, relational and sociocultural resources that provide meaningful and coherent life experiences, which thus help us avoid and dissolve the stressors of our present life situations. Stressors are not addressed here in the form of bodily reactions, but the sociocultural challenges and demands of daily living. Importantly, the sources of health resources are always contextual and relative to, for example, gender, social class or ethnicity, while the relative importance of any one resource is always dependent on the historical and sociocultural context we presently inhabit (Antonovsky, 1979, 1996b). To summarise, health resources can be found in the river, the swimmer or in the relation between the swimmer and the river.

But what makes a resource a health resource? In answering this question Antonovsky proposes a relationship between GRRs and his sense of coherence (SOC) concept. SOC is defined by Antonovsky (1979) as the different ways we perceive our world as coherent, as an:

... orientation that expresses the extent to which one has a pervasive, enduring though dynamic feeling of confidence that one's internal and external environments are predictable and that there is a high probability that things will work out as well as can be expected. (p. 123)

SOC is, according to Antonovsky (1987), what makes the world comprehensible, manageable and meaningful, constituting order in our existence. Comprehensibility reflects a capacity to recognise that life events are relatively substantial, ordered and structured rather than inexplicable and

random, and shaped by experiences perceived as reasonably coherent and ordered. Meaningfulness, is considered in terms of how 'life makes sense', that situations in life are worthy of commitment, are challenging and also a positive expectation of life. Meaningfulness is formed through experiences that influence and shape our perspectives on the variety of situations we are exposed to in our lives. Finally, manageability is a sense of having sufficient resources to tackle different situations in life, and an awareness that resources are available to solve life's problems. Manageability is not only contingent on individual resources, but may also involve relational ones such as family, friends, a doctor, community or religion. As Lindstrom and Eriksson (2005) summarise, the SOC captures how we understand our situation, and how we use available resources to manage and make sense of the situations we are living in.

For Antonovsky (1996a), what makes the world understandable, manageable or meaningful varies from individual to individual, from situation to situation and from culture to culture. Antonovsky (1993) further suggests that different experiences have different effects on health depending on the meaning made from experience. The meaning an individual makes thus forms, as Antonovsky (1979) states, our way of being in the world, where the individual (the swimmer) as well as the environment (the river) are important in terms of the meaning attached to an experience. From this perspective, a health resource will help us to 'make sense' and enable us to: 'make meaningful and coherent life experiences which in turn form the SOC' (Bengel, Strittmatter, & Willmann, 1999, p. 31). However, Antonovsky also argued that if we want to radically change people's health from a salutogenic perspective, our focus must attend to an individual's SOC *and* the health resources circulating within the river of life.

Yet, as Suominen and Lindstrom (2008) argue, little attention has been paid to the structures within sociocultural contexts (the river) that support health, compared to those that focus on addressing specific risk factors. Although Antonovsky's entire salutogenic model has been warmly embraced, since its inception scholars in public health or psychology, for example, have focused almost exclusively on quantitatively measuring SOC. In this paper, we do not dwell on the question of measuring the SOC (for an overview see Eriksson, 2007), but focus instead on strengthening the movement in salutogenic SHPE research towards an exploration of other, sociocultural, dimensions of Antonovsky's model. Hence, we propose that exploring the structures and resources people draw upon in order to make sense of life situations, to enact their lives and thus develop their health, would be a fruitful adjunct to current scholarship. In this way, we can both follow Antonovsky's recommendation not to commit to one particular methodology, *and* shine some light on what Antonovsky held forth as 'the *sociological* character of the SOC ... [since it is] ... often disregarded in this psychology dominated field' (Antonovsky, 1993, p. 972).

The contemporary art of living a good, healthy life

In undertaking a movement towards this research agenda, we want to first consider Lindstrom and Eriksson's (2006) argument that, from a salutogenic perspective, health promotion seeks to enable individuals to live a good life. At issue here is the descriptor 'good', for such a term opens a 'Pandora's box' of theoretical perspectives and criteria by which the standard of good can be determined. Critical scholars have argued, however, that Western conceptions of a 'good' life have been intimately, and increasingly, equated to the active pursuit of healthy citizenship. As Lupton (1995) demonstrates, the historical transformation from earlier religious empires to secular states was accompanied by a shift from notions of 'Godliness' to 'Healthiness', where the taming of bodily pleasures retained their status as a privileged register of good living.

Schooling, but more specifically SHPE, has long claimed a special role in equipping students with the healthy living practices and values that underpin good, healthy citizenship (Armour & Jones, 1998; Bailey et al., 2009). In these efforts to train young bodies, SHPE has undertaken one of the most enduring objectives of Western schemas for good living (McCuaig & Tinning, 2010). As Foucault (1990) demonstrates, taming bodily pleasures associated with food, drink and sex have been a

persistent objective of a diversity of institutions, which all undertake this work according to sanctioned perspectives of good living. As a consequence, contemporary SHPE programmes have become a primary site of 'boundary work' (Barkey, 2014), where the discourses of, for example, church/state, mind/body, faith/science, health/education and private/public, all collide and compete for the hearts, minds and bodies of apprentice citizens. In exploring such contexts, Barkey (2014) encourages researchers to analyse and 'understand the manner in which scripting by authorities and elites as well as local knowledge set rules for behaviour across boundaries' (p. 213). This conceptualisation of boundary work clarifies the tasks to be undertaken by SHPE researchers in river-oriented salutogenic research. The first of these involves the identification of the scripts of good living and associated resources that are promoted and available to individuals within the social, political and cultural contexts in which they conduct their lives (the river). Local knowledges on the other hand, encourage researchers' exploration of the knowledges, practices and resources that individuals (swimmers) use to engage, reject or modify these scripts in their endeavours to enact their desired model of good living.

Focusing first on the idea of 'scripts for good living', we turn our attention to the scholarship of those who have explored the diverse means by which human beings have fashioned responses to the question 'how can I live a good life?' (Diprose, 1994; Foucault, 1990; Hadot, 1995; Nussbaum, 1994). French philosopher-historian Michel Foucault drew upon and contributed to this art of living tradition, a contribution that we believe provides robust theoretical and methodological tools that salutogenic researchers can use in their explorations of both the swimmer and the relationship between the swimmer and his/her river of life. Foucault was less interested in the moral rules for good living than he was in the 'conduct of oneself' (Du Gay, 2000), or the ways in which individuals shape their lives according to prescriptive and contextually particular regimes, or scripts, of good living. According to Du Gay, Evans, and Redman (2000), these regimes of living are best explored through a genealogy of subjectification approach, which following Foucault (1990), involves an interrogation of: the strategies through which human beings have been incited into particular regimes of personhood; the norms, techniques and relations to authority that shape forms of personhood; and, the historical and cultural contexts (i.e. the river) within which such regimes are devised and circulated.

Determining and analysing scripts of good living: Foucault's ethical fourfold

But what are the specific research tools that allow us to reveal the scripts of good living and associated health resources circulating within our river of life? We suggest that the analytic framework devised by Foucault in his own genealogical study of sexuality poses one useful solution to this challenge. In this later research, Foucault (1990) devised a methodological tool to expose the privileged good living principles and practices circulating within a sociohistorical context. This framework was founded on Foucault's unique conception of ethics as the techniques by which individuals constitute themselves as good subjects according to a particular code of living (O'Leary, 2002). Ethical work, according to Foucault (1990), requires individuals to act *upon* themselves: to monitor, test, improve and transform their conduct and, in so doing, engage in constructing a particular self, according to the exigencies of specific social and cultural environments.

Foucauldian ethics comprises of four dimensions (ethical substance, mode of subjectification, forms of elaboration and telos), characterised by four key analytic questions. This framework is often referred to as Foucault's ethical fourfold (O'Leary, 2002) and has been used by Foucault and others to interrogate the self-governing practices of individuals that give rise to particular subjects within specific sociohistorical contexts (cf. Dean, 1995; O'Leary, 2002; Tait, 2000). In the following commentary, we demonstrate the usefulness of the Foucauldian ethical fourfold in exposing and analysing institutional scripts of good and healthy living (McCuaig, 2008).

The *first* aspect of this fourfold comprises the ethical substance, the specific acts, feelings, thoughts or material of the self which, through problematisation, individuals identify as being in need of correction, taming or training. Here the researcher is guided by the question 'What part of

the self should be addressed?'. The mode of subjection, the *second* aspect, asks 'Why should selves engage in this work?', and seeks insight into the strategies through which individuals are incited or recognise an obligation to engage in practices of good living. The *third* aspect of the fourfold, the forms of elaboration, explores the question of 'What tools are available for this ethical work?' and focuses attention on the practices and principles which individuals employ as they conduct their own conduct according to various precepts and values. Finally, the *fourth* aspect, the telos, establishes the goal of this ethical work, which is revealed through answers to the question, 'What is the aim of this ethical work?' (Foucault, 1990). Unlike the SOC scale where the swimmer is in focus, Foucault's ethical fourfold extends the capacity for analysis beyond the interiority of individuals (Du Gay et al., 2000, p. 4), to the diversity of social, cultural, political and institutional resources and practices operating within the enfolding river of life. In this way the sociological character of salutogenesis can be explored.

Two examples of this analytic process will illustrate the potential for SHPE researchers seeking to expose the salutogenic structures and health resources of the river. Foucault's original interrogation of Ancient Greek, Graeco-Roman and early Christian texts reveal a regime of good living that was focused on bodily pleasures and became a moral inheritance bequeathed to Western practices of good, now healthy, living (Foucault, 1990, 1994a; McCuaig, 2008). Foucault's analysis of ethical regimes across Ancient Greek and Christian contexts reveals a number of resilient themes. First, Foucault draws attention to the spread and dominance of Christian-Platonic thought which promulgated a homo-duplex conception of Western selfhood, comprising a corporeal self that inevitably ceases and an essence or soul that is eternal. Within this schema, the body's sensuous nature attracts considerable attention, be it in the form of the Ancient Greek *aphrodisia* or Christian 'flesh'. For the Ancient Greeks, however, the pleasures of touch were considered most problematic: 'contact with the mouth, the tongue, and the throat (for the pleasures of food and drink), or contact with other parts of the body (for the pleasure of sex)' (Foucault, 1990, p. 40). Consequently, philosophers and Christians alike employed a complex array of practices and principles that would secure self-mastery, self-knowledge or purity. Although these tools of good living were grounded in cognitive processes of self-reflection and self-problematisation, such practices also focused upon the bodily issues of diet and sexual activity, involved fasting, diet regimens, abstinence from sexual activity and the spiritual disciplines of prayer, meditation and confession (Foucault, 1994a). Importantly, Foucault demonstrates that physical exertion in the form of athletics or manual labour proved an enduring mechanism through which Ancient Greeks, Romans and Early Christians could train and/or tame a pleasure seeking flesh.

As reported earlier in this journal, the first author's application of the ethical fourfold to Australian HPE programmes delivered some 2000 years later, reveals an enduring concern with bodily pleasures and the resilience of particular bodily practices that underpin scripts of good, now healthy, living (McCuaig & Tinning, 2010). According to Australian HPE syllabus materials of the 1950s, the young citizen's body was problematised according to scientific laws and medical knowledge, and children were to engage in practices that would promote functional efficiency, resist the external onslaught of germs and overcome the internal vagaries of malformation. During this time a ubiquitous and intense focus on personal cleanliness emerged, with students receiving detailed instructions regarding the habits of bodily cleanliness and the importance of 'Doctors Fresh Air and Sunshine' (Fryberg, Patrick, & Cato, 1948). Nonetheless, physical exertion through games, sports and play sustains its role as a privileged strategy to build healthy bodies and tame an inappropriate indulgence in bodily pleasures. As the parent British PE syllabus argued, 'unless children are taught to play and enjoy organised games while still at school it is unlikely that later on they will occupy their leisure hours in healthy open air exercise of this nature' (Great Britain Board of Education [GBBOE], 1933, p. 37). Those who undertook these arts of healthy living were to seek a long and productive life in this world and were promised 'wealth' and happiness as a consequence of this ethical work: 'Some build for Happiness, some for Wealth; But I'll find both in my House of Health' (Fryberg et al., 1948, p. 67). Regarding the question of why individuals should engage in these healthy living practices, HPE documents were unequivocal. Teachers were to incite their students' recognition

of an obligation to 'live healthy' so that they could enact their duties as good citizens to the fullest (Queensland Department of Public Instruction, 1952).

Exploring the relationship between swimmer and river

While these two examples demonstrate the capacity of the ethical fourfold to reveal the healthy living practices disseminated to young 'swimmers', a critical advantage of this methodological approach lies in its capacity to discern the mutations, persistence or disappearance of good living principles and practices within and across social contexts or the river. One example of this is the transformations between Christian and healthy citizen arts of Western good living. For some 2000 years engaging in ethical practices of self-constitution were conceived as a means of *preparation* for death, yet Australian HPE literature emphasises the objective of healthy living practices as a means of *preventing* death. Early lessons informed children that 'it is surely worth a little sacrifice to keep in robust health rather than to fill an early grave or languish year after year as a self-made invalid' (Elkington, 1914, p. 181). Later, authorities employ a two pronged strategy, with the teacher's textbook *Subject: Health* (Lawrence, 1948) providing numerous and tragic stories of death-by-disease, that are immediately followed by the instruction that strong people live for a long time and that healthy bodies are very hard to wear out. Although Ancient Greek and Christian practices of good living considered corporeality a mere footnote to eternal life, for the healthy citizen, this footnote comprises the main and only game of interest.

Employing the analytic framework to compare and contrast practices of good living across time and space further provides insight into the ways in which the river, and the swimmer's relationship with the river, changes across historical, social and cultural contexts. Bodily practices that we 'moderns' consider to be fundamental to the enactment of a healthy life, have been appropriated and adapted from past philosophical and religious regimes of good living. As Foucault instructs, engaging in the work of self-transformation is limited by the 'array of practices that one's culture makes available for appropriation' (O'Leary, 2002, p. 7). As we noted earlier, Antonovsky likewise argued that the availability and use of health resources (or GRRs) are dependent on the historical and sociocultural context within which individuals are situated. Such commentary reinforces the critical role that schooling and HPE play within the river of life, as the purpose of education 'was, is and will always remain the preparation of those youngsters for life according to the realities they are bound to enter' (Bauman & Mazzeo, 2013, p. 23).

Yet, when researchers harness the entire richness of the Foucauldian conceptual tool-box (Foucault, 1974), the full and unique potential to explore the *relationship* between swimmers and the river can be realised. As Rose (2000) explains, understanding the limiting influence of a sociocultural context (or enfolding river) is best addressed from the Foucauldian perspective of 'government'. The significance of Foucault's governmentality lens for salutogenic researchers is to be found in its capacity to reveal the power dynamics which underpin authorities' strategies to shape individuals into good citizens, for example healthy citizens, and individuals' engagement with these practices of good, healthy living (Rose, 2000).

For example, the pastoral power dimension of Foucault's governmental analytic facilitates a unique insight into the dynamic relationship between a swimmer and the authorities and institutions of his/her river. Briefly, the mobilisation of pastoral power is reliant on pastoral officials or experts, such as teachers and counsellors, who can create environments that provide access to each citizen's conscience, and subsequently, opportunities to shape these consciences according to the objectives of authorities and institutions (Foucault, 1994b). In their analysis of Australian and Swedish HPE/PEH, McCuaig, Öhman, et al. (2013) demonstrate the purposeful construction of school learning environments that promote togetherness, caring and equality, to enhance teachers' incitement of even the most recalcitrant students' adoption of the sanctioned healthy living practices of physical activity and dietary surveillance. Drawing on Rose's (1999) assertion that it is 'through self-inspection, self-proble-matisation, self-monitoring and confession, we evaluate ourselves according to the criteria provided for us by others' (p. 11), these authors demonstrate that the criteria underpinning these sanctioned

tools of healthy living in HPE/PEH reflect a normalised pathogenic model of healthy living that is 'medicalized and narrowly focused on that which can be easily measured and assessed' (Rich & Evans, 2009, p. 163). Applying Foucault's ethical fourfold in conjunction with his governmentality analytic can thus illuminate the strategies that authorities and institutions within the river of life employ to incite and engage individuals in privileged arts of good, healthy living.

As this review demonstrates, to date, genealogies of subjectification have tended to employ the ethical fourfold on historical or educational texts that outline the *intended* constitution of particular persons according to specific regimes or scripts of good living. However, within the context of salutogenic research, an exciting opportunity lies ahead to undertake empirical studies that explore the lived experiences and practices of individuals as they engage with the diversity of scripts for good living circulating within their life rivers. This perspective draws upon Rose's (1996) argument that 'human beings live their lives in a constant movement across different practices that address them in different ways' (p. 140), which result in moments of 'oppositions, alliances and disparities' (p. 141). As such, each young person's journey represents a site of complexity and contestation, requiring the management of competing obligations and objectives where the intent of authorities may, or may not, be realised. In this way, salutogenic researchers can use the ethical fourfold to explore the local knowledges that, following Barkey (2014), mediate the scripts of good living generated by the experts and authorities of education, religious, sport and health institutions. To summarise, the ethical fourfold not only provides a methodological strategy to understand the 'swimmer', but also provides a unique insight into the relationship between the swimmer and the river, within and from which, the diverse tools of living are offered, extracted and employed.

Exploring health by stealth: conducting salutogenic research

Of course, a range of studies in fields like health promotion or SHPE have also posed questions concerning what we have been referring to as 'the river', including those that have considered the social determinants of health (cf. Clark, MacIntyre, & Cruickshank, 2007; Dixon, 2000), healthy settings approaches (cf. Dooris, 2009) or quality of life studies (Ford, Moriarty, Zack, Mokdad, & Chapman, 2012; Jacobs Kronenfeld, 2006). However, even though these studies explore resources in a wider sense, we would argue that the point of departure in many of these, is the use of a pathogenic paradigm that retains the dichotomous classification of persons as being diseased or healthy, and that health is a condition of low risk factors or an absence of disease. Hence, the questions that inevitably derive from these studies are questions concerning how weight loss can enhance quality of life, or how different health promoting settings reduce the risk of diseases and premature death. These pathogenic issues and questions are of course important to address in research; however, they derive from a different paradigm than the salutogenic one we have been proposing. So what we have, as we see it, is either salutogenically inspired studies focusing mostly on the swimmer, salutogenically inspired studies with exclusively clinical samples, or pathogenically guided studies exploring the river.

Still, some notable exceptions in health research share our concern in the necessity to adopt alternative research methods in salutogenically guided studies (e.g. Griffiths, Ryan, & Foster, 2011; Sagy & Antonovsky, 2000; Skärsäter, Dencker, Bergbom, Häggström, & Fridlund, 2003; Suedfeld, Krell, Wiebe, & Steel, 1997; Wennerberg, Lundgren, & Danielson, 2012). Recent SHPE scholarship has also considered the potential of positive pedagogies in coaching (Light & Harvey, 2015) and critical pedagogies in school HPE (McCuaig, Quennerstedt, & Macdonald, 2013), as sources of health resources that can support swimmers' capacity to negotiate the river of life. But to date, this literature has merely scraped the surface of an exciting domain in salutogenic studies of healthy living and SHPE.

Interestingly, some studies not necessarily labelling themselves as salutogenic, share our ambition to approach issues of health as a relation between the river and the swimmer. For example, Fox and Ward (2008a; cf. also Fox, 2002; Fox & Ward, 2008b) provide a brilliant case of the socioculturally grounded research we have been advocating. By understanding health as a dynamic relation between culture and biology, these scholars search for new ways to think about health in terms of

ways of life and as a condition of living. In this manner they direct their attention to an understanding of health identities, asking questions like: 'What can a body do?', and 'What else can a body do?'. Building on theories of Deleuze and Guattari, they have also developed a methodology for exploring health identities using mainly, but not exclusively, interviews. They argue that, in the interviews, the:

... interviewees give context to their worlds and offer detailed descriptions of their lives. In the final stage, they are encouraged to reflect on the meaning of these experiences. For the skilful interviewer, both elements can be accessed, although the full significance of utterances may become clear only during analysis. Efforts may also be made to capture affective and non-verbal aspects of an interview that may contribute insights. (Fox & Ward, 2008a, p. 1013)

In line with Fox and Ward (2008a), our suggestion in this article has been to consider Antonovsky's (1979, 1996a, 1996b) recommendation to adopt an alternate philosophical starting point regarding health, in order to open up the possibility of asking questions about health in a broader sense. In this endeavour we suggest developing innovative research methods, for example, asking questions about how people live good lives using lengthy, even several, life-history inspired interviews (Goldman et al., 2003; Sagy & Antonovsky, 2000). In this way we can, as Fox and Ward (2008a) argue, get closer to the different ways in which people from different backgrounds and in diverse contexts draw upon different resources in order to live a good life.

But, as Antonovsky (1979) reminded us, the pathogenic paradigm is ever present in our common sense thinking and daily behaviours. We consequently need to be aware that asking people in interviews about health will inevitably direct them towards issues and practices reflective of a pathogenic paradigm in terms of eating habits, physical inactivity, body weight, drugs and stress. The normativity of health and the hegemony of certain discourses of health in society (Lupton, 1995) are inescapable, and as Frank (2006) puts it, they will connect to stories of illness. This situation points to the fruitfulness of asking questions about 'how to live well' and an individual's conception of good living, to explore health as a relation between the river and the swimmer. In short, our suggestion is to explore 'health by stealth'.

Adopting this strategy requires alternative tools and questions, and in this paper we have outlined a theoretical and methodological approach that could shape such questions according to the ethical fourfold. In the matrix (Table 1), we have crafted some examples of research and interview

Table 1. Salutogenic research and interview questions following Foucault's ethical fourfold.

Research questions	Interview questions
<p>Ethical substance:</p> <ul style="list-style-type: none"> • What are the components of a good life? • What aspects of living do individuals problematise in their efforts to lead a good life? <p>Mode of subjection:</p> <ul style="list-style-type: none"> • How are people enticed, encouraged or co-opted into particular practices of healthy/good living? <p>Forms of elaboration:</p> <ul style="list-style-type: none"> • What health resources do people draw upon to live a good life and solve daily life challenges? • What resources are favoured or employed regularly? <p>Telos:</p> <ul style="list-style-type: none"> • What are the goals and objectives underpinning a specific regime of/for good living? 	<p>Ethical substance:</p> <ul style="list-style-type: none"> • How would you define a good life? • What are your concerns in life? • What are aspects of living you try to improve in your daily life? <p>Mode of subjection:</p> <ul style="list-style-type: none"> • What factors motivate you to engage in particular practices or activities in your life? <p>Forms of elaboration:</p> <ul style="list-style-type: none"> • What resources do you use or have access to in order to live a good life? • What more do you need in order to accomplish a good life? <p>Telos:</p> <ul style="list-style-type: none"> • What kind of life do you want to lead? • What kind of person do you want to be? • What do you think in five years will be the most important aspects of a good life?

schedule questions in the spirit of Foucault's ethical framework. Of course, all interview questions have to be further explored with different 'hows' and 'whys' in order to, as rigorously as possible, examine issues of health without necessarily mentioning the word health. In this way the studies are not being narrowed by what Antonovsky (1979) referred to as the pathogenic limitations of our linguistic apparatus or predetermined categorisations of health in terms of mental, physical or spiritual dimensions.

To summarise, by considering health as the relation between the swimmer and the river, we would argue that a combination of Antonovsky's ideas on healthy living and Foucault's ethical fourfold can be seen as one fruitful way to operationalise explorations of health salutogenically, without disregarding either the river or the swimmer. In conclusion, we would hope that the arguments and possibilities presented within this paper might inspire SHPE researchers to devise and undertake socioculturally inspired explorations using a salutogenic model of health. As a consequence we can gain greater insight into people's engagement with, and uptake of, the sanctioned health resources of sport and school HPE which many of us consider critical to a swimmer's navigation of and 'buoyancy' within the river of life. In so doing, we suggest that the burgeoning salutogenic scholarship within our field will be enriched, ensuring that the sophistication of the ideas bequeathed to SHPE researchers by Antonovsky can be best realised.

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