



GÖTEBORGS UNIVERSITET
INST FÖR KOST- OCH IDROTTSVETENSKAP

Room for interpretation:

**A qualitative analysis of the Swedish and Danish physical education
curricula**

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Rapportnummer:	VT13-68
Uppsats/Examensarbete:	15 hp
Program/kurs:	Lärarprogrammet/IDG350
Nivå:	Avancerad nivå
Termin/år:	Vt/2013
Handledare:	Barker-Ruchti, Natalie
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Antal sidor: 29
Termin/år: Vt/2013
Nyckelord: Health, healthism, physical education, the body, the hidden curriculum

Abstract

In school physical education (PE), there seems to be a lack of information on what pupils should learn. Curricula do not seem to define teaching aims clearly. As a result, it will leave room for teachers to interpret how and what they want to teach.

Since, focus on health has increased a new view of looking at health has developed. This view means that through individual exercise a slender and slim shaped body will be achieved and maintained. This view of looking at health is called healthism.

The purpose of this thesis is to see how health and PE are represented in the Danish and Swedish PE curricula in upper secondary schools – as in defined and hidden meanings. As an insight, this information is important for teachers as they will see what sort of hidden information the curriculum carries and how this might affect their teaching. The three key foci that will be explored, through critical discourse analysis are *health*, *physical education* and *the body*.

The result has shown firstly, that there is a relationship between the body, health and physical education in the curricula. Secondly, this leaves room to believe that teaching will be based on the view of the healthism.

The main conclusion is that there is lack of information in both the Danish and Swedish curricula about what pupils should learn. However, how the body, health and physical education are related to each other differ: In the Danish curriculum it seems that PE is connected to lifestyle, while in the Swedish curriculum, lifestyle is connected to health. This

leaves room for teachers to interpret what the curricula says and will in turn give different teaching outcomes.

Sammanfattning

I idrottsundervisningen verkar det finnas brist på information om vad eleverna ska lära sig. Detta tyder på att målen i kursplanen inte är tydliga nog. Det innebär att lärare ges utrymme för tolkning, som i sin tur ger uttryck i olika former av meddelanden. Dessa meddelanden är ”gömda” i kursplanen, och ser olika ut beroende på vem som tolkar. Samtidigt har en ny syn på hälsa utvecklats som innebär att genom individuell träning upprätthåller man en smal och slank kropp. Denna syn på hälsa kallas ”hälsoism”.

Syftet med uppsatsen är att se hur idrott och hälsa är representerade i den danska och svenska kursplanen för högstadiet när det gäller definitioner och dolda betydelser. Denna information är viktig för lärare, eftersom de kommer att få djupare insikter i vad som kan dölja sig i kursplanen och kan på så sätt påverka sin undervisning. Genom kritisk diskursanalys ska tre områden utforskas; *hälsa, kroppen och idrott*.

Resultatet visar att det finns ett samband mellan kropp, hälsa och idrott. Det ger utrymme för att tro att undervisningen kommer att ske utifrån synen på hälsoism. Den viktigaste slutsatsen är att det finns brist på information i både den danska och svenska kursplanen när det gäller vad eleverna ska lära sig. Hur dessa begrepp (kropp, hälsa och idrott) står i relation till varandra skiljer sig dock åt: I den danska kursplanen verkar det vara en koppling mellan idrott och livsstil, medans i den svenska kursplanen är hälsa kopplat till livsstil. Detta lämnar utrymme för läraren att tolka kursplanen på sitt sätt, som i sin tur gör att undervisningen med stor sannolikhet kommer att skilja sig åt.

Table of contents

Preface	5
Introduction.....	6
The hidden curriculum.....	7
The Swedish and Danish curricula	7
Significance of the answers.....	8
Overview of the thesis	8
Background.....	9
Healthism – a new view	9
The body	9
Teacher’s thoughts of health – room for interpretation	10
The Hidden Curriculum	10
Social effects – a major impact on the curriculum outcomes	11
Denmark and Sweden	12
Less prescription in the curricula	12
Method.....	14
Sample	14
Results.....	18
The name of the subject	18
Discussion	24
Method discussion	24
Result discussion	24
Room for interpretation.....	24
The view of healthism in relation to the hidden curriculum	25
Conclusion	26
Personal reflections.....	26
References.....	28

Preface

I would like to thank my supervisor Natalie for her instant feedback and good advice. Also, thank you to those of you who have read my work and helped me with the language. It has been an interesting area to specialize in and will be important for my future career as a teacher. I hope others who take part in this work are experiencing the value in the same way.

Introduction

In Scandinavian countries, the physical education curriculum seems to lack information on what pupils should learn. Indeed, the Swedish curriculum has been found to have the fewest details of prescriptions¹ in relation to other Scandinavian countries (Annerstedt, 2008). One of the aims in the curriculum is, for example, to achieve a healthy lifestyle, however, no definition of lifestyle is provided. Also, the curriculum recommends that education should consist of a broad range of activities with a significant health approach, but research has reported that this is not performed in practice (Sandahls, 2005). This could possibly be the result of not having clear prescriptions in the curriculum.

Because of the lack of information the physical education curriculum provides, it can be assumed that the prescription of teaching aims is not clear enough. As a result of this, teachers will have room for interpretation of how and what they want to teach. Sandahl (2005) and Larsson and Meckbach (2007) state that there is a gap between what the curriculum stipulates and what actually goes on in practice in Swedish PE.

Nowadays, focus on health has increased and the concept has got a new meaning. In society, health is now associated with a slender and slim shaped body that can be achieved and maintained through individual exercise (Kirk & Colquhoun, 1989). This new view of looking at health is called 'healthism' (Kirk, 1992). In school physical education, health is one site through which healthism may be produced and reproduced. The perspective on health is greater than before; in the Swedish curriculum, for instance, the subject has changed from 'physical education' to 'physical education *and health*' (Annerstedt, 2008). In the curriculum, health is, according to Quennerstedt, Öhman and Eriksson (2008), described as physical, psychological and social well-being. They further make clear that it is linked to what health nowadays means and this seems to be the way teachers and pupils look at it. Their way of taking care of their bodies and their health has increased and it is all about a healthy lifestyle and fitness. Associated to what the curricula says, it could therefore be argued that it is understood as something more than just a healthy lifestyle and fitness (Quennerstedt, Öhman & Eriksson, 2008).

¹ Annerstedt (2008) use the term prescription which means 'details' or 'information' in the curriculum that teachers have to follow.

Also, research has shown that some teachers are worried for students' physical health and that seems to be the major reason for doing daily fitness sessions (Rønholt, 2005). Teachers are contributors when defining what physical education and health means and by this it will probably provide different learning outcomes. And as teachers appear to be shaped by the healthist ideas, they may teach in that way.

The hidden curriculum

The hidden curriculum refers to what is not expressed explicitly in schools' stated aims (Kirk, 1992). It is most commonly associated with the learning of knowledge, attitudes, norms, beliefs, values and assumptions (Seddon, 1989). Depending on who is interpreting the curricula, the teaching situation will probably be different. The lack of information, as has been described to be evident in the Swedish curriculum, allows teachers to interpret and teach in their way.

The Swedish and Danish curricula

As mentioned above, the focus on health in the Swedish curriculum has increased and the subject is now called 'physical education *and health*'. In Sweden, even though health seems to have more space in the curriculum, a gap between what the curriculum stipulates and what actually goes on in practice in school physical education exists.

In the Danish curriculum, on the other hand, the health component is not as evident, but sport is mentioned more often (Annerstedt, 2008). This may be due to an increase of diseases related to modern lifestyles and the Danish government's recognition that children must be given more possibilities for movement and play (Rønholt, 2005).

Purpose and aims

The purpose of this thesis is to see how health and physical education are represented in the Danish and Swedish physical education curricula in upper secondary schools – as in defined and hidden meanings. As an insight, this information is important for teachers as they will see what sort of hidden information the curriculum carries and might affect their teaching.

Within this purpose, the following three topics will be explored:

- ***Health***

How much and when is health used? What concepts relate to health?

- ***Physical education***

What information relates to physical education (for example physical activities that pupils must do before they finish their school year)?

- ***The body***

When is the body referred to and what concepts are related to it? In what way is the body used to achieve the teaching aims?

Within each topic, the following areas will be analyzed:

- Scientific knowledge
- Ability and competence in terms of:
 - Physical
 - Cognitive
 - Social
- The specificity of learning outcomes, make it more general to include definitions, prescriptions, learning outcomes.

Significance of the answers

By clarifying what is said in the curricula, from the view of healthism, hidden messages can be found. From this it will give an insight for teachers that there are hidden information/messages in the curricula and they will turn out different depending on how teachers interpret it. By knowing this, teachers can be better prepared in interpreting the curriculum, as well as indentifying the ways popular assumptions about health have influenced them.

Overview of the thesis

The format of the thesis will begin with a background presentation of previous research about the concepts that are included within healthism and the connection to school physical education. After this, the chosen research methods will be presented about comparisons between the Swedish and Danish curricula, which are followed by the result of the analysis of the curricula. Finally, a discussion of the given results will be made.

Background

In the following section, an explanation of key concepts underlying the analysis will be provided. A compilation of previous research within these concepts focusing on the Swedish and Danish curricula in upper secondary school will follow. Finally, there will be a summary with definitions of the key elements.

Healthism – a new view

Physical education (PE) is most commonly associated with health. Kirk and Colquhoun (1989) express the exercise=fitness=health triplex. This means that exercise, through the mediating notion of fitness, leads to health; that exercise is essential to health; and that being fit and having a slender body are proof of health. As early as the 1990s, Kirk (1992) explains the strong relationship between exercise, health and body:

“Physiologically speaking, we know that people do not necessarily become healthy simply by doing exercise. We also know that people with certain somatotypes can change the shapes of their bodies only in limited ways. Furthermore, we can say with some certainty that having a slender, mesomorphic body is no assurance of good health or physical fitness” (p. 44)

With today’s health consciousness, the perception of health as corporeal and individualistic has become pervasive. School physical education represents one amongst many areas where the ideology of healthism is produced. The association with health is not a new element in the subject of physical education. However, there is a new development in both the generation of physical educators’ views of their professional mission, and health consciousness in society at large. Crawford (1986) claims that ‘we live in an era of a new health consciousness where to be unhealthy signifies individual moral laxity’ (p 419). Media and commercials have led to the slender body shape achieving widespread prominence as a metaphor for health, well-being and affluence. Kirk and Colquhoun (1989) mean in accordance to Crawford’s statement, that overweight and obese people are often considered as lazy, emotionally weak and sexually unattractive.

The body

The body is a key element within this new health consciousness, because it is through body shape, size and its capacities to achieve physical tasks that health is measured (Kirk and Colquhoun, 1989). Within healthism, the body is only viewed from a biomedical perspective while social, cultural and political influences are ignored. The body is seen as a ‘machine’ and

there is no attention to the body as social or cultural construction, only an object to be worked upon to get fit. In school physical education, pupils seem to have an idea of what a beautiful or healthy body should look like (Kirk and Colquhoun, 1989). Quennerstedt, Öhman and Eriksson (2008) report that some pupils experience that they develop a more negative view of their own bodies and that they are less self-confident through participating in PE. Most of the participating pupils also experience that they feel uncomfortable changing clothes in front of other pupils. According to the teachers, the most important objective of the curriculum is that pupils develop a positive relation to their own bodies. How this positive relationship is achieved, seems to be by teaching pupils to become and stay fit (Quennerstedt, Öhman and Eriksson, 2008). In summary, it seems that teachers' and pupils' particular views of health and the body permeate teaching in PE.

Teacher's thoughts of health – room for interpretation

Teachers' purpose of daily physical education seems to be dominated by the thoughts of healthism. From a study in a primary school in South Australia, Kirk & Colquhoun (1989) declare how many teachers espoused a fitness and health justification for their version of daily physical education, and there was very little talk of physical activity as a medium of 'educational' activity, in which students were to be challenged cognitively as well as physically. Furthermore, many teachers' reasons for doing daily fitness sessions were a concern for students' physical health. This way of looking at health was strongly connected to students' body shape and weight.

From Rønholts (2002) observations in a school not far from Copenhagen, she found that teachers create sociocultural discourses in the classroom. When the pupils were supposed to run during PE lesson, it revealed how teachers expected different outcomes from boys and girls. Also, both Annerstedt (2008), Quennerstedt and Eriksson (2008) state that what is said in the curricula could have different outcomes depending on who interprets it and although health has increased it is seldom discussed what it really means.

The Hidden Curriculum

Kirk (1992) explains the complexity of teaching and learning because there seems to be a lack of information in the curriculum. The information is reflected in hidden messages. The complexity also depends on all the social interactions the human beings included resulting in different interpretations of these hidden messages.

The hidden curriculum has over the past 20 years gained enormous prevalence in educational discourse and it is used in everyday language by researchers within education. The reason for the popular using of the term depends on its ability to provide a label for, what Seddon (1983) calls, “that form of learning for which we have some feeling, but for which we often find articulation difficult” (p. 3).

So what turns out in these hidden messages? The first who coined the term ‘the hidden curriculum’ was Jackson (1968). His study, ‘Life in Classrooms’, investigated how features in the classroom that were less obvious and rarely seen by visitors, but well known by pupils and teachers who spend a lot of time together in the classroom. Jackson states some important points. He tells what is not said in the hidden curriculum by contrasting what is said in the official document. Further, the hidden curriculum refers in his study to all pupils learning that does not match, or is not expressed, in the schools explicitly stated aims. As Seddon (1983) states, the hidden curriculum is most commonly associated with the learning of knowledge, attitudes, norms, beliefs, values, and assumptions. When pupils and teachers interpret the official curriculum, they do it with their own values and attitudes and this will be the outcome of teaching.

Social effects – a major impact on the curriculum outcomes

Associations, such as norms, attitudes and values differ among pupils and teachers depending on the social and cultural heritage they experience. Health, for example, which has received increased attention in the Swedish curriculum (Annerstedt, 2008), has several explanations of what it means due to who interprets it. This type of learning can be seen as an ‘affective phenomena’ as Rønholt (2002) describes it. Rønholt has made a classroom observation with pupils in age eight to nine. She noted how stereotypical gender differences are created or confirmed as a result of teachers’ interpretations of the curriculum. The main reason for this type of ‘affective phenomena’ is the social interaction process the pupils and teachers go through. She refers to Fairclough (1992) who describes that the hearts of the system of education are the identities of teachers and pupils, and the relationships between them. This depends upon a consistency and durability of patterns of speech within and around those relationships for their reproduction. Rønholt (2002) further develops Fairclough’s (1992) thoughts by arguing that in every classroom there are different social settings with norms, rules, identities and so on that will be maintenance or changed depending on who is interacting. What can be said of this is that pupils go through various social interaction processes and it affects how hidden messages in the curriculum appear.

Denmark and Sweden

There is some previous educational research about health within the Scandinavian countries (Annerstedt, 2008, Sandahl, 2005, and Larsson and Meckbach, 2007, Quennerstedt, Öhman and Eriksson, 2008, Rønholt, 2002). There is little research on differences and similarities between Denmark and Sweden when it comes to the interpretation of the PE curricula and their views on the concept of health.

Less prescription in the curricula

Annerstedt (2008) has investigated meanings attached to physical education in the Scandinavian countries. The focus is on physical education in Sweden, but comparisons are made with Denmark, Finland and Norway. The analysis shows that school systems in Scandinavian countries are very similar. Recent educational reforms have moved towards decentralization and an emphasis on goals. The curricula are less prescriptive than they used to be and the Swedish curriculum has the fewest details. Also, aims and objectives are formulated in national syllabi, but content and methods are the responsibility of local schools. When it comes to health, the area has a central role in physical education, especially in Sweden and Finland, while in Denmark and Norway, it is not emphasized as much. Annerstedt (2008) argues that although a health perspective should permeate the subject in all Scandinavian countries, the definition of the term is seldom discussed and teachers find it difficult to define it. In Annerstedt's (2008) study it seems that health has a greater space in the Swedish curriculum comparing to Denmark. Also, the health perspective in the Swedish curriculum is more dominant and evident in the curriculum than in Denmark, where it seems to have a more sport oriented approach.

Regarding the hidden curriculum, Annerstedt (2008) has some relevant information. He states, along with Sandahl (2005), and Larsson and Meckbach (2007), that there is a gap between what the curriculum stipulates and what actually goes on in practice in Swedish PE. Furthermore, Annerstedt (2008) explains while the curriculum recommends that education should consist of a broad variety of activities with a significant health approach and not only sports, this is not performed in practice. Other research also addresses the large room for interpretation the curriculum holds. Quennerstedt, Öhman and Eriksson (2008) evaluated physical education in Sweden and concluded that health is described in the curriculum as physical, psychological and social well-being, while in reality health is associate with exercise, meaning bodily movement, food and aesthetics. Also, the authors state that being fit

tends to be a dominating theme of pupils' bodies in relation to health in Swedish physical education. From Rønholts (2002) analysis, which earlier mentioned, the hidden curriculum turns out to be a common state in the Danish school she was observing. The idea of the PE lesson was to go jogging but with the teacher's way of leading, the pupils' views on gender differences, it contributed to the construction of gender roles. What Rønholt (2002) means is that these social relations, values and identities are mostly described as belonging to a process of learning that is hidden from the teacher, as well as the student. Further, this explains that teacher's interpretations of the curriculum will turn out different and the result of the interpretation will be the outcome of what is hidden between the lines.

The following two concepts are key to my thesis and are defined as follows:

Healthism

With a new consciousness of health, a particular view of health as *corporeal* and *individualistic* has become pervasive. In school physical education, this means that teachers' and pupils' view of health is that through exercise one can and stay slim you will maintain a "healthy lifestyle". However, if you not stay healthy you will become overweight and lazy. *The body* is a key element because it is through your body you achieve what constitutes "good health".

The Hidden Curricula

Teachers interprets what is visible in the curriculum. Therefore, it may look different depending on how the teacher interprets it. It seems that what is visible and can be read in the curricula gives room for interpretation because the guidelines/prescriptions are not clear enough. This will turn out in 'hidden messages' – the way teachers chose to teach.

Method

The design of this thesis is comparative. By making an analysis of chosen discourses and then compare them to each other makes it possible to see differences and similarities in the Danish and Swedish curricula, which enable me to see what messages may be hidden. This section presents the chosen data that has been analyzed, followed by a description of the research methods and finally the procedure that employed to produce this thesis.

Sample

The documents that were examined for this thesis are the Danish and Swedish curricula for lower secondary school. Also, each curriculum is followed by comments written by the educational ministry to give teachers a deeper understanding of what is written. The curricula have been downloaded online from each country's educational ministry website². Although the curricula provides information for pupils in class one to nine, the thesis is only focusing on pupils in class seven to nine (lower secondary school).

The two countries that are the basis for this analysis are geographically close to each other and belong to the Nordic countries. It may be expected that they have similar lifestyles and in turn, it might be exposed (through hidden messages) in the curricula. Furthermore, by comparing the curricula to each other, it becomes clearer how much room it provides for interpretation. This is the motive for why I have chosen these two curricula. Also, I have not found any research that compares only the Swedish and Danish physical education curricula.

Finally, I would like to mention the language. Because the curricula are written in Swedish and Danish and the analysis is made in English, it could create interpretation problems. However, since Sweden is my native language and I am familiar with both Danish and English it has not been any problems. Sentences from the curricula that are being used in the thesis are literally translated to English, which could make it confusing. However, comments of how it possible reads relating to the specific sentence are made.

² The Danish curriculum for physical education: <http://www.uvm.dk/Service/Publikationer/Publikationer/Folkeskolen/2009/Faelles-Maal-2009-Idraet/Formaal-for-faget-idraet> The Swedish curriculum for physical education and health: <http://www.skolverket.se/forskola-och-skola/grundskoleutbildning/laroplaner/grundskolan/idrott-och-halsa>

Data processing and analysis

The method used in this thesis is *critical discourse analysis* (CDA), developed by Norman Fairclough (2006). He describes discourse as a ‘particular way of conceptualizing... language’ (p. 9). Language means written texts or spoken words and includes visual images, body language and various semiotic forms. To analyze texts, he has developed a ‘philosophical premises, theoretical methods, methodological guidelines and specific techniques’ (Jørgensen and Phillips, 2002, p.60). CDA is a form of social practice which helps to understand how the social world is constituted. Fairclough (2006) distinguishes the world in two ways; discursive (society and culture) and non-discursive (e.g. economic and governmental systems). While these are two different concepts, they interact together in various forms (Fairclough 2006). For example, if the view of healthism is created in a particular way in commercial practices (non-discursive), this will probably be the way pupils look at health (discursive). Likewise, if the view of healthism is created by the social and cultural discourse, it will in turn affect the commercial practices (e.g. the messages advertisements include). Thus, the discourse is not only constituent, but also constituted, i.e. that there are non-discursive practices that affect and are affected by discourse (Fairclough 2006). This understanding, Fairclough argues, are ideologically constructed and by examining these, it is possible to critically investigate and address social problems.

Fairclough’s analysis consists of three dimensions (Jørgensen and Phillips, 2000); a) the language texts (spoken or written); b) the process of text production, distribution and consumption; and c) events as instances of sociocultural practice. By analyzing how these three dimensions work separately, it will provide an understanding of how the discourse that has been analyzed is created (Fairclough, 2006).

To analyze how hidden messages occur, I needed to choose an analytic procedure that allowed me to see those messages. Through CDA, I was able to do this.

Concepts of discourses

There seems to be different types of knowledge described in the curricula. For that reason, different types of knowledge have been chosen in order to more easily differentiate them. The concept *scientific knowledge* means knowledge that can be measured in the form of certificates, ratings, etc.³. In school, this means knowledge that pupils should have attained after a task. Unlike *competence*, this could be seen as a wider concept than scientific

³ <http://www.so.sekotomteboda.se/kompetenskrav.html>

knowledge. Competence means being able to apply these knowledge and skills. In summary, scientific knowledge is more of a measurable kind, while the competence is changeable depending on the abilities the pupil possesses. There are different forms of competences. Physical competence is most commonly linked to the body. Pupils learn rules and strategies in different elements and it is through the body they apply this knowledge. Cognitive competence consists of critical thinking and creative thinking. Critical thinking is purposeful, reasoned, and goal-directed. It is the kind of thinking involved in solving problems and making decisions. When pupils are interacting with each other there are developing their social competence. In a school setting, that includes pupils in different social situations and social groups, where they have the opportunity to learn from each other (Wang, Myers, & Yanes, 2010).

For my project, the discourse is healthism. Physical education, for example, could mean knowledge that pupils have to learn before they finish class six (scientific knowledge) or knowledge they are suppose to develop with no final goal (ability and competences). Within the last mentioned knowledge it could be on different levels. If pupils have to develop their thinking about teamwork for example, it possibly belongs to social ability and competences. But it could also belong to a cognitive level because it is also about thinking. To know where words and sentences from curricula belong is not obvious. However, it gives us some information on what type of discourse the data belongs to. To find these concepts and see if the curricula may contain hidden messages, relevant themes (as previous described) that are included in the curricula were chosen. Within these concepts and themes, the areas of knowledge and competence have relevance.

Critical discourse analysis procedure

Through my focus on concepts of discourses, I created a table (Figure 1) that allowed me to draw out and collate relevant information from the curricula. What needs to be mentioned is that the model for the analysis is a tool to make the differences and similarities visible. The following model shows the tools that have been used during the analysis. Each discourse has been analyzed, one at a time, in both Danish and Swedish curricula. After that, the following comments that belong to each curriculum have gone through the same procedure. From the data collected during the analysis, I found areas that were most dominating. These areas formed the presentation of the result.

		Health	Physical education	The body
Scientific knowledge				
Ability and competences	Physical			
	Cognitive			
	Social			

Figure 1 Model/tool for the design of analysis

Results

The following section presents the results of the analysis that has been made. First, an introduction of the main concepts that are constant in the curricula will be made. The result of the analysis of the curricula will first be given, followed by the comments⁴ that possibly will explain what has been found in the curricula. The main concepts that I have found in the analysis will be presented in topics. They are: (1) The name of the subject, (2) Developing knowledge and what this knowledge means, (3) Pupils' responsibility and the relation to others and (4) The use and definition of what the concept health means.

The name of the subject

The first difference that is noteworthy is the name of the subject. In the Swedish curriculum, the subject is called 'physical education and health' while in the Danish it is called 'physical education'. As the model illustrates below, the curricula provide different concepts. The elements that are related to healthism (health, PE and the body) are visible within these concepts. When it comes to health, the curricula use it differently. One of the concepts in the Swedish curriculum is 'health and lifestyle'; while in the Danish one there is no health in the main concepts. However, the main concept 'values of physical education' in the Danish curriculum is linked to health and lifestyle and pupils' own bodies. The similarity is that there seems to be a relationship between health and physical education/physical activity.

⁴ The educational government for each country has established comments for the curricula

The Danish curriculum	The Swedish curriculum
<p>The body and its possibilities <i>All knowledge and skill areas should be included in the teaching. The pupils should master different forms of physical skills and bodily competence.</i></p>	<p>Movement <i>Development of mobility is the key.</i></p>
<p>Values of physical education <i>Focus on teamwork and social interactions. Also, focus on health and lifestyle and the pupils' knowledge of their own body. Teaching should provide the opportunity to promote social, personal and cultural development.</i></p>	<p>Health and lifestyle <i>It is about the effects of physical activity, opportunities for health and education should provide students with the opportunity for a critical approach to the different approaches to health.</i></p>
<p>Physical education culture <i>It is about the knowledge of the Danish sport history and culture. The culture also includes the relationship between health and lifelong physical activity.</i></p>	<p>Outdoor recreation <i>Different aspects of the outdoor environment and nature are highlighted.</i></p>

Overview and definition of the main concepts from the Danish and Swedish curricula

Developing knowledge and what this knowledge means

The analysis shows that the word ‘develop’ is used frequently rather than knowledge they need to learn. The main thing is that pupils should develop their knowledge within physical education and health, through the body. It means that focus is on the process rather than the outcome. This is constant in both curricula, although what kind of knowledge differs.

Both curricula contain within the concepts of ‘physical education’ and ‘health’ more ability and competence than scientific knowledge. The curricula state that pupils should understand and develop a connection between physical activity and health. The Swedish says, for example that ‘students should also be given the opportunity to develop skills that affect the physical ability and how to influence their health throughout life’ (p. 1) and the Danish express that the pupils should develop their knowledge about ‘the importance of physical education for life, health, lifestyle and living conditions’ (p. 22).

When it comes to the concept ‘the body’ the analysis shows that there is more scientific knowledge in the Danish curriculum than in the Swedish. It contains information about only what activity the pupils should learn with their own body (for example dance, different ball activity, running, athletics) and there is no connection to health. Within ability and competence both curricula contain information that pupils should develop a good body image. The comments for each curriculum do not define what this ‘good body image’ means.

The curricula seem to hold different views of what kind of knowledge the pupils are supposed to develop. The Danish curriculum has remarkably more scientific knowledge within physical education. The word ‘master’ is repetitive and focus is on pupil’s performance and result in relation to others:

Teaching must lead to students having acquired the knowledge and skills that enable them to understand the importance of individual efforts in relation to the common results (p. 8).

The emphasis is on the presentation of the sport in many different contexts (p. 16).

In the Swedish curriculum, there are no words found that relate to results and performance. Focus seems to be on the process and developing pupils understanding for physical activity:

Students should be given the opportunity to develop good habits (p. 1).

By letting pupils reflect on and evaluate their experiences and perceptions, the knowledge that can be the basis for their continued interest in exercise or physical activity and a healthy lifestyle (p. 8).

In the Danish curriculum, another interesting point relating to what knowledge the pupils should learn was found:

To take into account girls' and boys' different backgrounds, but also that they can be of mutual benefit, the teaching should be both gender-integrated as gender-separated (p. 14).

What this might mean is that teachers should expect differences from girls and boys, as well as that pupils will think that depending on their gender, they will perform in different ways. In the comments for the Swedish curriculum, it says that various factors, as for example gender affects pupils' choice of physical activity. For example, why do different sports expect different features depending on if it is a girl or a boy? Teachers in Danish schools might expect that pupils will perform differently depending on what gender they belong to, while teachers in Swedish schools will challenge the stereotyped roles that are visible in the classroom.

Pupil's responsibilities and the relationship to others

The next part that is remarkable is how much of the responsibility seems to lie with the pupils. However, what kind of responsibility they are allowed differ on the curricula.

The main focus in both curricula relies on the individual pupil and their responsibility to maintain a good health:

Focus is on the pupils' understanding and responsibility for their own health... (p.16, Danish curriculum).

Pupils' should also be given the opportunity to develop skills what affects the physical ability and how to influence their health throughout life. (p. 1, Swedish curriculum).

What makes them different is that in the Danish curriculum pupils' should 'understand the importance of individual efforts in relation to the common results' (p. 8). The comparisons between pupils own body to others is repetitive throughout the curriculum. The explanation that is found in the comments is when pupils compare themselves with others; they receive knowledge of their own health.

Relating to ability and competence within the body, the comments to the Swedish curriculum highlights 'a good body image' and says that it is a 'mental picture' of your own body. Also here, the responsibility lies with the pupils because each pupil is expected to evolve differently depending on their experience and understanding.

They also say that if pupils know what a 'good' body image is they also know what their own body is able to do and can put it in relation to the expectations and requirements. 'Through a good relation to the body, students can maintain a good self-confidence and in turn can make the students more prepared to the 'body ideal' they meet in different situations' (p. 9). The Danish curriculum on the other hand, says that the body is a 'tool' to master physical activities:

The emphasis is on further development of the technical skills and knowledge of the body's natural ability. Working with different modes of action in individual sports, disciplines and subjects (p. 16).

The use and definition of the concept health

The final main area that will be presented is how each curriculum deals with the concept of health, both when it comes to how much the concept is used and the definition of what it means. The Swedish curriculum contains the concept 'health' more than in the Danish one although they both connect health to lifestyle and physical activity. Also, a vague definition of health is found in the comments for the Swedish curriculum, but is missing in the Danish.

The concept health is more visible in the Swedish curriculum throughout than in the Danish. In the Swedish curriculum it emerges that when the pupils are older they need to set goals for their physical activity – unlike when they were younger. They further mean that students should evaluate physical activity based on different approaches to health, movement and

lifestyle. When they are defining 'health', in the comments for the Swedish curriculum they mean, in an individual perspective connected to pupil's experiences:

'By contents *different definitions of health*, students can gain an understanding of health concepts may be different individuals, as well as the effects of different lifestyles' (p. 15).

There is no information about what this 'different definitions of health' are, which means that the teachers themselves define it.

In the comments for the Danish curriculum, they mention health in relation to sports and there is no further definition of what health means. Also, that 'it is important to remember the importance of sport lifestyle, quality of life and living conditions. It promotes understanding of the broad, positive health concept provides' (p. 22).

The Swedish curriculum contains more cognitive abilities and competences within health, as for example:

The student can also evaluate things by talking about their own experiences and apply simple and to some extent substantiated arguments about how things along with diet and other factors can affect the health and the physical ability (p.6).

...that student are given opportunities to take a stand on issues related to sports, health and lifestyle (p. 1)

Related to this, pupils themselves are expected to think about how various factors affect their health. This might give them deeper understanding that health is affected differently depending on who it is.

In the comments for both curricula 'lifestyle' is frequently used, although it is connected to various factors. The comments for the Danish curriculum say for example, that 'it is important to remember the importance of physical education for lifestyle, quality of life and living conditions' (p. 22). The comments for the Swedish curricula assume that there is a relation between lifestyle and health; 'If the students learn different definitions of health, students can gain an understanding of health concepts may be different individuals, as well as the effects of different lifestyles' (p. 15).

Because there seems to be a relation between the concepts that is within healthism, it gives reason to think that teachers' interpret from this view. These concepts, as for example health, do not give any clear definitions of what it means in this analysis. However, they are related

to each other, but in different ways in the Danish and Swedish curriculum. Because of the lack of information of what concepts means, it leaves room for interpretation.

Discussion

This section first discusses the results' universality and weaknesses that possibly affect the outcome of my analysis. After that, a discussion of the results in relation to other research and the theoretical framework of this thesis will be made. Reports about the Swedish and Danish lifestyle will be presented to see if the results might affect how each country defines health. Lastly, a brief conclusion of what the main results show will be presented, followed by personal reflections of what it means.

Method discussion

As Jørgensen and Phillips (2002) argue, discourses work ideologically. One aim of critical discourse analysis (CDA) is to reveal underlying ideologies through an examination of certain discourses (Fairclough, 2006). My analysis shows that by looking at a particular discourse and elements involved, room for interpretation in the curricula has been found. This interpretation will in turn come out in different hidden messages. From the lenses of healthism, the way of looking at health may be found in these messages. The analysis has been made from my review, with my social background which will affect the outcomes. It is I who has transferred the various parts of the curricula in my own created tool and it might look different if someone else made it. CDA helped me to stay within the view of healthism by choosing concepts within the discourse. By being completely transparent about my methodology, I have aimed to maximize trustworthiness.

Result discussion

As the results show, the Swedish curriculum focuses more on health, although the definition of it is not clearly provided. According to the new health consciousness, my findings confirm Kirks (1992) argument that the view of health as corporeal and individualistic has become pervasive.

The great responsibility the pupils receive enables them to understand their own health and through the body they are able to maintain 'a good self-confidence'. What it means to be healthy could have different definitions for each individual.

Room for interpretation

The lack of information about health gives room for interpretation of what health means. In the Danish curriculum, it contains more knowledge (that pupils have to learn) within PE and focus is more on the result. Pupils should develop knowledge about the importance of PE for

life, lifestyle, health and living conditions. It could be interpreted as ‘through good results in PE you will maintain good health’. The Swedish curriculum focuses on the process which possibly could make the pupils understand that the view of health looks different depending on various factors. Both curricula mediate that PE affect pupil’s lifestyle, although the Danish curriculum connects PE to lifestyle while the Swedish curriculum connects lifestyle to health.

Concepts such as ‘good bodily image’ and ‘lifestyle’ are not defined. This also gives room for interpretation. As Annerstedt (2008) states, health can be defined differently depending on who interprets it. Because the major impact of what comes out from the curricula is from social effects (such as social and cultural experiences), the definition of for example health could be different among teachers and pupils. This ‘phenomena affects’ as Rønholt (2002) label it will affect teachers interpretation of the curricula. Since the dominant view of health is healthism, these assumptions will be reproduced in the PE lessons.

One area that is clear and do not give much room for interpretation is gender. Gender differences is already constructed or perhaps reproduced in the curricula. Both curricula say that gender affect pupils physical ability. Boys and girls have ‘different backgrounds’ and ‘different sports expect different features depending on if it is a girl or a boy’. This confirm Rønholt’s (2002) thoughts on the creation of sociocultural discourses. She means that stereotypical gender differences are created or confirmed as a result of teacher’s interpretation of the curriculum. Teachers’ will expect different depending if it is a girl or a boy which might affect pupils’ view of health: for example, girls’ will probably think that through the body they are not able to do as much as boys’, likewise boys’ feel the pressure to be stronger than girls’. The documents solidify or strengthen perceived gender differences.

The view of healthism in relation to the hidden curriculum

The result indicates that there is a link between the body, health and physical education. The main concepts that are used in both curricula include the concepts that are considered a part of healthism. As my results indicate, the Swedish curriculum links the body to health, while the Danish link the body to physical education. Quennerstedt, Öhman and Eriksson (2008) state that pupils’ and teachers’ particular view of health and the body seems to permeate teaching in PE. If this is a correct statement, the Swedish curriculum gives room to think that through the body, pupils will maintain good health. In the Danish curriculum, the body is rather a tool to be able to perform physical activities. These activities seem on the other hand help to maintain a good lifestyle. It may mean that interpretation is reduced in the Danish curriculum

to pupils' are taught various physical activities and so achieving good health. In the Swedish curriculum pupils' space to reflect on their own health and gain insight into how it may differ among individuals. This means that teachers probably give room to interpret that each pupils' health is different. In a school situation, these differences could for example be interpreted as in the Danish PE lessons, it will mainly contain sports and focus is on pupils' performance. In the Swedish PE lessons, pupils' might be introduced to sports but they will also learn that depending on their physical status they will perform differently.

Because of the lack of information it makes it possible to confirm that the hidden curriculum exists. The school aims are not clear enough and depending on who interprets it, the teaching situation will probably be different.

Conclusion

In this thesis, I aimed to see how health and physical education are represented in the Danish and Swedish physical education curricula as in defined and hidden meanings. I achieved my aims by analyzing these curricula. The following points can be drawn out as key findings:

- Health is a common concept in both curricula but it is more frequently used in the Swedish curriculum. However, there is no definition of what health means.
- Because of the lack of information provided of what pupils' should learn, it leaves room for teachers to interpret what the curricula say.
- The concepts that are within healthism are visible in both curricula. This will most likely affect teachers when they interpret the curricula. However, how these concepts are in relation to each other differ: In the Danish curriculum, it seems that PE is connected to lifestyle while in the Swedish curriculum lifestyle is connected to health. Because of this, the outcomes of what is said in the curricula will probably differ between the Swedish and Danish curriculum.

Personal reflections

The result have giving me insight that there is room for interpretation in the curricula. The way I interpret the curricula will come out in different messages. This will affect my way of teaching. Each student has different conditions and what health means for a student may be defined differently by other. Since there is great focus on health and that it is usually seen from the view of healthism, it is important for teachers to think through what health means. At last, the way of teaching will probably look different because of the large interpretation room.

One result of this is that students will learn different. Teacher's view on PE and health will most likely make students think alike.

What has not been discussed is if the room for interpretation is a good or bad thing. The reason for this is that I wanted to be as objective as possible during the analysis. Therefore, my reflections about it will be included in this section.

From my point of view the lack of information makes the different teaching outcomes unfair for the pupils'. Depending on who is teaching, pupils' will learn different. I think at least, it should be discussed and considered in the education of teaching what the aims in the curricula means and in what different ways it could be interpreted. The student's should reflect how the teaching outcomes will be.

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