

Public health pedagogy, border crossings and physical activity at every size

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This paper examines the current weight-centric approach to the promotion and practice of physical activity for health. We argue that examining the assumptions and belief systems that drive physical activity promotion may provide a foundation for considering and pursuing appropriate forms of social change in the policy, prescription and practice fields. Counter perspectives and critical voices offering alternative health paradigms are systematically marginalised or silenced in this discourse. We outline the significance of a public pedagogy approach in developing alternative ways of promoting, representing and experiencing physical activity beyond weight focused perspectives. We advocate that physical activity policy makers and practitioners, including those promoting a non weight-centric approach to health need to undertake ‘border crossing’ and work across ‘artificial’ institutional barriers. The paper discusses the principles of a non-weight based, cross-disciplinary Health at Every Size (HAES) approach. It presents a critical examination of the potentials of harnessing a HAES paradigm as an alternative to a weight-loss focused physical activity intervention. At the same time, it argues that even this approach needs to better address the complexities of weight rather than search for singular, universal responses to the problems of healthism.

Keywords: physical activity; HAES; public pedagogy

Introduction

This paper examines the current weight-centric approach to the promotion and practice of physical activity for health and proposes, as an alternative, an approach that draws on some of the principles of Health at Every Size (HAES). As scholars who have been involved with a growing community who are critical of the overbearing emphasis on obesity and overweight within health policy and practice, we approach this paper with a clear motivation. We are concerned about the tendency in some quarters towards the deconstruction of dominant obesity discourse without offering some deliberations on how we might move the field of physical activity forward. We do not embrace HAES in its entirety and acknowledge that there are difficulties with some of the claims it has made (Gard 2013). We align ourselves with a growing community of support in a range of academic, scientific and lay circles advocating a need to engage with more politically active frameworks that challenge moralised obligations towards physical activity as a

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means of achieving weight loss. In this paper, we thus commit to developing critically and politically informed perspectives for advancing knowledge about physical activity, fat and health. We argue that examining the assumptions and belief systems that drive the social, political and economic agendas for physical activity may further an understanding of why and how physical activity policies work in improving health, and why they might not. Adding to the funds of knowledge about physical activity for health in this way may provide a more adequate, ethical and respectful platform for the construction of physical activity policy, prescription and practice.

Throughout the paper we examine the dominant weight-centric approach to the promotion and practice of physical activity for health. Counter perspectives and critical voices offering alternative health paradigms are systematically marginalised or silenced in this discourse and we bring these to the fore in our discussions. We outline the significance of a public pedagogy approach in developing alternative ways of promoting, representing and experiencing physical activity beyond a weight-centric approach. The principles of a non-weight based, cross-disciplinary HAES approach are introduced and critiqued. The paper includes a brief critical examination of the potentials and limits of harnessing a HAES paradigm as an alternative to a weight-loss focused physical activity intervention. We propose that physical activity policy makers and professionals, including those advocating a non-weight centric approach to health, need to undertake border crossing and work across artificial institutional barriers (Giroux 1992).

Our intention is not to offer a definitive position on how physical activity policy ought to be approached. This would be untenable in the light of the changing nature of knowledge and pedagogical modes, which come to shape our understanding of the body, and indeed, the science and technologies that underpin these discourses. Rather, we draw upon the tenets of a cultural politics framework of public pedagogy for prompting meaningful social change (Giroux 2004). Such an approach is underpinned by a desire towards producing learning spaces, which enable people to engage in ethical and respectful social change. We argue this as a way to stimulate on-going multi-disciplinary and cross-sector dialogue that is central to the effective and appropriate prescription and promotion of physical activity for health.

Physical activity and public health: anti-fat ethics and oppressive pedagogies in an age of neoliberalism

Belief in the capacity of sport and physical activity to improve people's health has a long history (Atkinson 1978; Featherstone et al. 1991; Hargreaves 1986, 1994; Mangan and Park 1992; Turner 1996). For example, in the late seventeenth and early eighteenth centuries, the Aberdonian doctor George Cheyne (1671–1743) was especially influential in promoting the benefits of 'diet, moderation in drink, and light exercise for healthy living and mental stability' (Turner 1996, 96). In a more contemporary context, the politically oriented and publicly acclaimed health legacy of the London 2012 Olympic and Paralympic Games included a promise to use the 'power' of the Games to 'inspire a generation' and encourage a million more people to do more general physical activity as a means and measure of improving the health of the nation.

Support for the health gains of physical activity in contemporary UK government policy, industry programming and popular consciousness are underpinned by scientific studies showing that exercise, of a regular and moderate kind, is good for health. Since the late 1980s various specialist working groups have produced position statements for the recommended quantity and quality of exercise for developing and maintaining

health and fitness in cardio-respiratory function, muscular strength and endurance, flexibility and body composition (Bouchard et al. 1990; DOH, 2004, 2011; Garber et al. 2011; Pollock et al. 1998). With minor changes over time, the focus of such prescriptions has been on determining appropriate frequencies, intensities, durations and modes of exercise required to reduce risk of disease and improve fitness levels predominantly in adult healthy populations. Physical activity is directly implicated in weight control and body composition in such statements in terms of the varying and questionable extent to which exercise can affect total body mass, fat mass and fat free mass. Scientific evidence for exercise as an effective weight loss strategy is equivocal. Critical science has raised questions about: Obesity as a cause of disease and death (Ernsberger and Koletsky 1999; McAuley and Blair 2011); conceptualizations of 'ideal' weight (Gaesser 2002); the efficacy of Body Mass Index (BMI) as a measure of health risk (Kragelund and Omland 2005; Yusuf et al. 2005); and the health implications of cultures of thinness (Cogan and Ernsberger 1999). Later in the paper, we explore this body of evidence in more detail as we discuss the efficacy of a HAES approach to physical activity. For now, we emphasise that irrespective of existing contrary evidence about weight reduction and health, weight loss remains the goal of many policies and interventions that reiterate the (middle class) value of physical activity as a means through which to achieve it. This recurrent theme is reinforced through a network of interdependent agents connected with diet technologies, physical education and sport, fitness and exercise industries and the media whose actions are mutually reinforcing of images of bodily perfection (Maguire and Mansfield 1998). Dominant media rhetoric warns that fat is unattractive, unnatural and unhealthy. Stylised and glamorised images of the body beautiful are characterised by lean bodies and the omnipresence of fat stigma (Mansfield 2010). In dominant physical activity discourse, the fat body tends to be afforded stigmatised status, positioned as the deviant or abnormal 'other' against which the socially esteemed lean body defines itself. Fat bodies are medicalised and pathologised in the promotion of physical activity. Fatness is identified as a problem for the full realisation of a host of individual and social goals, from productivity and competitiveness to happiness, fulfilment and well-being. The stigmatisation of fat can be seen as part of the mechanism for reinforcing and privileging slimness in a culture that promotes a health at one size.

There is a prevailing ideology of healthism in contemporary physical activity contexts (Crawford 1980). Healthism embeds discourses of weight and health into the promotion of physical activity that may be well shaped through the broader regimes of the principles of post-1970s neoliberalism. An almost exclusive attention to individual responsibility and public obligation in a quest for bodily perfection can be considered central to late twentieth century body cultures (Featherstone 1991). Edgley and Brisset (1990, 261) argue that the fitness movement, which includes a diverse set of physical activities, reinforces the 'cult of the perfect body' through 'health fascism' (see also Pronger 2002). By this view, fascist physical activity provides a set practices and ideologies that serve to externally regulate individual and collective bodies as well as reinforce the internalization of bodily self-control in the name of health. Yet concerns about fitness and bodily appearance have been politicised throughout history particularly in relation to military preparedness and nationalism. The place and status of sport in the making of men in British public schools of the late nineteenth century (Hargreaves 1986) or in the national identity politics of the former Soviet Union (Riordon 1980) or in anxieties about obesity and white middle class masculinity in Canada during the cold war (McPhail 2009) are examples. Whatever the particular political structures within

which it is framed, the dominant ethic of bodily perfection, promoted and prescribed through physical activity, effectively silences the lived experiences of those who do not fit dominant health values and practices. Such a social and political movement operates to exclude the contribution that social processes like poverty, unemployment, pollution, poor education, lack of access to physical activities or health care have on people's health.

There is a wealth of literature that identifies the significance of social factors underpinning health inequalities. Health status is directly connected to the conditions under which people live and work. In terms of global health and developing nations, poverty or material deprivation connected to poor quality water, food or medical care has a detrimental consequence for health (Marmot 2005). In industrialised countries socioeconomic status is also linked to increase risk of disease and mortality (Adler et al. 1993). In the UK, the Whitehall studies have identified the social gradient in health. In a range of different diseases, the social gradient in health identifies a steeply graded relationship between position in the social hierarchy (social class) and mortality (Cabinet Office 2004). The lower a person's position on the social hierarchy, the worse their health. The Black Report (1980) identified health inequalities between the social classes. The gap in life chances at opposite ends of the social hierarchy was such that men and women from the unskilled manual worker category were approximate twice as likely to die before retirement compared with those from the professional class. Lifestyle factors including smoking, nutritional intake, stress and activity levels follow the same social gradient. Improving lifestyle factors has the potential to contribute to positive health outcomes. At the same time, lifestyle 'improvement' can serve to reinforce and even amplify health inequalities given that people living under better material circumstances tend to be more able to follow such lifestyle change. Behaviour change approaches alone will not provide an effective or even ethical intervention in addressing the social determinants of health and offer a rather decontextualised comprehension of physical activity. Improving peoples' health is a matter of improving the circumstances in which they live. Effective strategies would need to address wider socio-cultural, economic and political structures and processes associated with legislation, the environment, mass media and education. We take up this problematic further in our discussion of a HAES approach to physical activity and the role of public pedagogy in our thinking.

We turn now to evidence of emerging concern among some health care practitioners, academic researchers and fat activist groups that traditional weight loss approaches to health are ineffective, have negative health and wellbeing consequences and, moreover, are based on questionable evidence equating weight loss with improved health (Bacon 2008; Bacon and Aphramor 2011; Robison, Putnam, and McKibben 2007a). Specifically, concerns have been raised that a weight centred approach is too narrow (O'Dea 2005). Moreover, focusing on individual behaviour change fails to consider the meanings people attach to their bodies and excludes consideration of the role of social context and environment in sustainable health improvement (O'Hara and Gregg 2006). There is evidence of harm being created by particular weight-centred approaches to physical activity through body dissatisfaction, eating and exercise disorders, size based stigma, discrimination and bullying (O'Dea 2005).

There is a growing group of scholars who argue for a more critical and socially engaged approach to the debates around obesity, overweight and bodily control (Rich, Monaghan, and Aphramor 2011). Those who critique the obesity discourse can do so from a variety of different perspectives and theoretical and political positions. But they are united by a common commitment and desire towards challenging dominant

approaches to health which are solely weight-centric. They also share a silencing of their critical voices within current policy processes (Walkerdine 2009). One reactive movement seeking to resist the canon of the weight loss model of health is HAES. We examine the principles and practice of a HAES approach next prior to a consideration of its potentials for framing alternative, non weight-based approaches to physical activity.

Critical voices in the health field: HAES

The phrase HAES is being used increasingly by a range of people working in diverse contexts. Since the mid-1970s HAES has emerged as a response to a growing body of evidence showing the ineffectiveness of weight loss models of dietary interventions for overweight and obese people (see e.g. Stunkard, Sydnor, and Penick 1979; Wooley, Wooley, and Dyrenforth 1979). Different groups embrace and promote HAES in different ways; some harnessing the approach in health care practices, some exploring the scientific efficacy of the approach for health improvement, and others using it to mobilise a contemporary fat politics. Not all would necessarily recognise or characterise their approach as HAES but may draw upon aspects of its philosophy. Notwithstanding these disciplinary and contextual differences, there are an underlying set of common precepts that have come to define HAES approaches.

The established conceptual framework of HAES adopts four key assumptions: (1) body size, shape, appetite and taste are marked by natural diversity; (2) dieting for weight loss is ineffective and has the potential to compromise good health and well being; (3) intuitive eating or non-diet approaches are significant in improving health; and (4) health and well being are shaped by physical, social and psychological interactions (Bacon 2008). Bacon and Aphramor (2011, 4) claim that HAES represents an ethical, non-discriminatory approach to the health care built on the twin premises of clinical ethics which include beneficence, ('to effect treatment benefit'), and nonmaleficence ('to do no harm').

The principles of HAES lead proponents to reject the idea that a healthy weight can be objectively measured on a set of scales, assessed through ideal height/weight charts or accurately calculated as BMI or percentage body fat (Robison et al. 2007a). Particular criticism has been levied at the calculation and use of BMI. Overweight (BMI 25 to $\leq 29.9 \text{ kg/m}^2$), and obese (BMI $\geq 30 \text{ kg/m}^2$) limits have been set in relation to measures of Caucasian men and women and some argue that the measure brings with it racial/ethnic bias (Jackson et al. 2009). Furthermore, Campos et al. (2006) explain that BMI cut-off scores have been used to exaggerate evidence of relatively modest average weight gain evidenced in data from the USA. The shift of large population cohorts from 'just below to just above formal definitions of overweight and obesity' has been significant in erroneously claiming an exponential pattern of growth of overweight and obese people and, thus, an obesity epidemic (Campos et al. 2006, 1).

Although there are few studies exploring the efficacy of a HAES approach to overweight and obesity, those that do exist have shown the benefits of HAES over weight loss models (Bacon et al. 2002, 2005; Robison et al. 2007b). HAES approaches align with holistic ecological approaches to health that consider emotional, physical, psychological and spiritual wellbeing without a specific focus on weight loss or ideal size. The pleasure of eating well based on internal cues is emphasised. So it is the enjoyable life-enhancing aspect of active living rather than surveillance-based instrumental forms of physical activity (Bacon 2008; Kater, Rohwer, and Londre 2002). HAES has limitations

and uncertainties that we highlight below. But it is the commitment to the values of non-weight-centric, critical philosophy/pedagogy on understanding the relationships between fat and health, which make aspects of HAES significance in discussions about critical public pedagogies of health.

Towards public intervention: physical activity, HAES and public pedagogy

We introduced earlier that lifestyle change approaches, when focused solely on individualised weight loss models, may have serious limitations. They tend to exclude the social determinants of health that are central to understanding the context and reasons why people do and do not engage in physical activity. And as previously noted such behavioural interventions have a constrained effectiveness relative to material conditions. We would argue for a HAES informed approach to the policy and practice of physical activity; an approach that harnesses the principles of HAES already outlined but is adapted in recognition of the challenges and constraints of any physical activity intervention in the light of the social gradient of health. We would advocate Aphramor and Gingras's (2011, 207) 'Health in Every Respect' approach. This is a work in development, which we have initially considered as Physical Activity at Every Size (PAES). In this work, we seek to challenge the problems of healthism in physical activity policy and promotion. The preliminary work in the approach is twofold; (1) to bring to the fore an understanding of physical activity and health that recognises the evidence from critical science perspectives on exercise, fatness and health; and (2) to build effective physical activity for health strategies that address the effect of wider socio-cultural, economic and political structures and processes on people's physically active lifestyles. Future work in more radically disrupting sizism in physical activity policy and practice would certainly require the type of shame-work that Aphramor and Gingras (2011) identify; a realization, reflection and response to the ways that physical activity policy makers and professionals have, albeit unintentionally, perpetuated size-based inequality. In this latter part of the paper we discuss how a public pedagogy approach to the debate around physical activity and weight may assist in this undertaking.

Central to the practices of physical activity are processes of learning through different cultural sites. In recent years, educational scholarship has taken a radical turn following the emergence of what is now recognised as the study of public pedagogy (Giroux 2004). This body of work recognises that formal education and schooling are not the only sites of learning. Rather, processes of learning and teaching take place in many sites and environments beyond formal education or schooling and, thus, into spaces which one might broadly define as physical culture (Ellsworth 2005; Giroux et al. 2004; Sandlin and Milam 2008; Sandlin, Schultz, and Burdick 2010). In his critique of the neoliberal attack on public life Giroux (2004) argues for the active reclamation of cultural politics by creative critical dialogue through public engagement. As Giroux (2004, 495) promulgates, critical and public pedagogy is 'both a language of critique and possibility'. It is an approach that serves to challenge the dominance and narrowness of rigid socio-political structures and lay the ground for alternative actions. In what follows, we harness key principles of public pedagogy in advancing a non-weight-centric critical public health approach to physical activity. In doing so, we draw upon examples of social action in which the first author has been involved. This is a voluntary community work in a health champion network including a health walk leader role and work to promote and deliver physical activity in a variety of

community-based settings. It has involved training in the traditional public health paradigm but focuses on self-reflection of the dominant teachings connected to physical activity promotion and practice to think about and challenge potentially oppressive approaches and engender more inclusive forms of active living.

Border crossings in a PAES approach

Following Giroux (1992, 2005) we argue that those debating obesity and physical activity policy and practice need to work across artificial institutional barriers and undertake border crossings. Following Thompson we argue that if the PAES approach was to become a player in the public health policy realm, it must do so from a more organised base and address policy decision-makers in government, industry and non-profit organisations that are presently too loosely connected to one another. The simple and uncritical replacement of a weight-loss problematic with an equally unexamined PAES one is unlikely to advance knowledge about physical activity and weight management or provide a desirable route to political action. Any call towards an alternative health paradigm such as PAES need not be to the detriment of a shared concern for enhancing opportunities for health and wellbeing. We need to better engage with the ideas of others who have different ontological, epistemological and value positions. This is perhaps ambitious and ultimately reliant on the openness of other disciplines and sectors to enter a mutually reflexive dialogue but crucial if we are to ever avoid naïve realism and move beyond the reduction of the debate to crude and questionable dichotomies (Monaghan 2013). Such conditions are necessary (although not sufficient) if critical scholars are to forge productive and collaborative relationships with those who are well placed to act as public pedagogues or critical practitioners.

In the example of the local volunteer health champion network, academic researchers, health professionals, physical activity specialists and diverse communities of people engaging in physical activity come together. They live and work in what might at first sight appear to be disparate academic, health, physical activity and community sectors. Yet the potential for effective border crossing is indicative of Giroux's (2001, 13) appeal for 'creating a new language that extends the meaning of pedagogy as a form of cultural production that takes place in a variety of sites and is produced by a diverse number of cultural workers'. In the volunteer health champion network this involves researchers, health and physical activity professionals and local policy personnel working together to understand the impact of the social determinants of health on people's sense of physicality and engagement in active living. The involvement of all these stakeholders in community work, based on face-to-face relationships, is central to the task. It also involves work in designing and delivering physical activity programmes differently. Doing physical activity differently largely requires a focus on the needs of those who are inactive. It also involves the development of dialogue between those who promote physical activity for health and those who are aware of the complexities of critical science approaches to understanding the role of physical activity in health improvement. In short, this type of work is focused on building relationships between all stakeholders in the physical activity sector including the people with which, or for whom, specialists claim to work. Such politico-pedagogical work entails challenging 'existing boundaries of knowledge and creating new ones' (Giroux 2001, 21). Bacon and Aphramor (2011, 1) have referred to HAES as a 'trans-disciplinary movement', and we would add that PAES can offer a starting point for a cross-sector principle for promoting health in diverse physical activity contexts. Our preliminary engagement with

PAES then considers how we create conditions in which multiple and diverse approaches to physical activity can be effectively positioned within a complex and contested policy terrain. In what follows below, we discuss two examples of border crossing which have recently informed our thinking; *firstly*, working across disciplinary and sectoral boundaries and *secondly*, engaging with cultural workers and communities.

Disciplinary and sectoral border crossings in physical activity policy and practice

There are challenges in addressing complex social problems through public pedagogy and particularly in relation to border crossings. Giroux (1992, 27) argues that those involved in public education and cultural work must engage in 'the unlearning of one's own privilege' in ways that enable the voices of others in cultural spheres to be listened to and so that educators and cultural workers learn to speak in ways that others can identify with and understand. This is no easy task when researching emotive and politicised issues of the body, where finding easy allies has much appeal. But as Gard (2013, 106) warns, 'political solidarity and intellectual consistency are rarely easy bedfellows and that emphasising one inevitably threatens the other'. One way of unlearning one's own privilege is to challenge the widely accepted evidence base for physical activity and health and engage with the complexities, difference and uncertainties in that knowledge base.

A critical public pedagogy health approach may benefit not simply from a critical engagement within the social sciences, but an extended critical involvement with the knowledge/s of other fields, sciences and sectors (Kalitzkus and Twohig 2006). This would not be border crossing to appease others or to seek some form of theoretical fundamentalism. Rather, it would be a sharing of research, critique, practice and findings between researchers, and others who have some connection with broader policy and communities (Bernstein 2000). This approach would be concerned with thinking about the positionality of different disciplines in shaping debates. A critical and politicised approach to weight and physical activity, such as PAES need not be anti-science nor does this reflect any failing in our understanding of public health (Monaghan 2013). It is important to bring critical science evidence to health policy makers and professionals as part of a process of encouraging questions to be asked about dominant understandings of fatness and health (Monaghan 2013). The results of critical science work on fatness and health tend to be found in a range of diverse academic publications. Moreover, as Lee et al. (2009) emphasise, the relationships between physical activity, obesity and health are both complex and controversial. While such science may not be explicitly conducted within a HAES paradigm, the findings support a HAES approach. Scientific support for a HAES method of health promotion is provided over the past decade in critical science discussions about obesity paradoxes. The term obesity paradox was originally used to refer to conditions in which obesity offered an advantage with survival compared to non-obesity. In a review of evidence McAuley and Blair (2011) identify the original obesity paradox in a range of conditions including chronic kidney disease and cardiovascular disease. But there is more than one type of obesity paradox. The 'pre-obesity' paradox shows that overweight is not necessarily a risk factor for disease or death; the 'fit and fat' paradox identifies an inverse relationship between fitness and mortality such that being fit, irrespective of fatness, has been found to decrease mortality risk and the 'healthy obesity' paradox provides evidence that there are populations of obese people who do not present any health risks at all (McAuley and Blair 2011, 779). It is cardio respiratory fitness that explains the original obesity

paradox and critical science findings add support to the health benefits of improving fitness independent of weight loss. It is in the context of the health benefits of physical activity that Lee et al. (2009, 49) surmise 'perhaps health professionals should focus less on weight and more on how to enhance and maintain health for people of all sizes and shapes'. These debates over fitness, health and weight feature contradictions and conflicts over values and interests that emanate both from within HAES itself and between it and other ideologies vying for policy. Such dislocations may be important in constituting spaces for critical pedagogies that challenge the ideological bases of governance, politics, policy and practices of physical activity promotion.

Border crossing, social activism and physical activity communities

While we have stressed the need for mutually reflexive dialogue, the challenge in the physical activity policy context is that healthism tends to be deep rooted and advocacy coalitions are instrumental in defining the role of physical activity in improving health. Policies are implemented through various sites of public health transmission and can thus be considered as pedagogical texts through which we learn about health. Higher level neoliberal political beliefs dominate in the making of physical activity policy leaving the experiences of participants at the margins and those of the most disenfranchised, including those who are fat, out of the planning altogether.

Our approach would take seriously the role of cultural theorists, critical educators and communities of participants to break down artificial barriers between the academy and cultural workers. Our initial focus on creating alternatives to weight loss models of physical activity is less on the artefacts, media and sites that might be effectively harnessed and more on collective action as a force for creating and recreating alternative discourses (Sandlin, Schultz, and Burdick 2010). We turn attention to examples where, as critical weight scholars, we have undertaken our own border crossing into politically engaged communities (Lee Boggs 2010). These cross sector spaces can play an important role in revealing the underpinning neoliberal interests of contemporary UK physical activity policy and practise, which are failing to take into account the diverse values and meanings individuals attach to active living, and the structural inequalities that prevent people from being physically active.

Recognising the complexities of values in physical culture is central to the reclamation of a cultural politics of physical activity for health. Harnessing the multiple meanings that people attach to their moving bodies as well as the diversity of ways and contexts in which bodily movement can occur is central to a PAES approach. This is the kind of public pedagogy that embraces the lived practices of everyday life but which can also be drawn upon as a strategy towards reclaiming public spheres and bringing particular embodied knowledge forms into dialogue with other more dominant public discourses.

At the most fundamental level, we would advocate for value-matching physical activity initiatives to encourage policy makers and service providers to take a more reflexive approach to their work in planning and providing physical activity initiatives (Mansfield et al. 2010; Weed et al. 2010). Reflexivity in policy planning and provision needs to involve critique of the assumptions on which policy and provision are made, on-going understandings of the needs and values upon which people live out their lives and the implication of those values for developing an active life (Mansfield et al. 2010).

Physical activity opportunities could embrace a broader set of values and suggest a wider ranging set of activities than those solely focused on traditional forms of sport

and exercise, the dominant discourse of bodily perfection and frequency, intensity and duration of participation. It may be more effective for people to reflect upon and consider the significance of the wider values by which they live out of their lives as a set of guiding principles for being active. Values are wide-ranging and diverse and it is not possible to produce an exhaustive list. Indeed, value matching used as part of a process of profiling target market groups in health promotion is problematic in itself since characteristics of social demographics such as gender, age, race/ethnicity, disability and class tend to stereotype and homogenise target groups (see e.g. Evans et al. 2011 on Change4Life social marketing campaign). But it is possible for policy makers, practitioners and participants to develop a set of collective principles that could be used to encourage and develop an active life. For example physical activity can be developed in relation to lifestyle, family, community and environmental values all of which may overlap and offer alternative ways of conceptualising active living (Mansfield et al. 2010; Weed et al. 2010). There is perhaps some potential in understanding the ways that values act as barriers and facilitators for physical activity. For example, in the volunteer community network of physical activity promotion, we have learned that cycling may not be acceptable for some older Indian people because it brings back negative memories of a lifestyle of poverty in their younger lives in India. This group of people prefer to drive their cars. However, group walking in open green spaces, with friends and family members provides more positive active experiences because it reflects strong kinship and community-based values as well as those connected to an environmental and faith-based ethic of being at one with nature. An environmental value set is differently expressed by some of the older working-class white groups living in high-rise housing estates in the community volunteer network. These groups have a desire to create small but meaningful gardening spaces where they can grow their own vegetables to eat, go outside and be active and sociable. Identifying the precise nature of the activity that might develop from each of these value sets is beyond the scope of this paper. What we wish to emphasise is that these suggested alternative value sets could serve to transgress the dominant anti-fat ethic and philosophy of healthism so evident and forceful in the promotion of physical activity offering public spaces to engender more intuitive, mindful, self-defined approaches to moving one's body.

Public pedagogy examples are also evident in the number of critical weight scholars who also work as fat activists or engage with performative art, the media or popular culture (Stoneman 2012). Such work reveals personal narratives and experiences (e.g. of dietary encounters or weight loss surgery) as part of the public critique of the way in which knowledge and understanding is constructed. In relation to physical activity for health the recent Fattylympics illustrated the possibility of claiming a public space for resisting the dominant anti-fat ethic of sport and physical activity, constructing an alternative value set for active bodies and critically understanding the relationship between fat and health. Fattylympics was a community event that satirised and protested the London 2012 Games in East London with an alternative non-profit event of games, stalls performances and DIY activities founded on the principles of fat activism (Fattylympics 2012).

The capacity for HAES to enable cross-sector working constitutes part of its potential as a form of public pedagogy. HAES-based work offers a language and intervention not only in the policy terrain but within other social and public spaces. By articulating alternative perspectives through a range of modes of pedagogical address, the HAES approach is a form of public pedagogy that has a capacity for producing meanings which challenge the weight-centric approach upon which many physical activity

interventions are premised. In their critique of the mechanisms through which some health professions seamlessly accept 'anti-fat' sentiment HAES scholars and practice professionals Aphramor and Gingras's (2011) claims for Health in Every Respect come to the fore. Health in Every Respect, previously explained in our discussion as a variant of HAES, seeks to interrupt the canon of fat-phobia and sizism and promote different, more politicised, compassionate, and thus more effective ways of thinking and acting in the public health domain (Aphramor and Gingras 2011). Indicative of public pedagogy, Health in Every Respect seeks not only to illuminate the potential injustice of particular health practices, but to also intervene and construct new knowledge and understanding. Viewed in this way, we argue that a public pedagogy framework for a PAES approach enables potential engagement with a critical notion of citizenship, an oppositional and alternative practice, and a more inclusive democracy of the body. It is an engagement with the mechanisms of political and social injustice that aligns the theory and practice of public pedagogy with alternative and overlapping health approaches such as HAES, Health in Every Respect and PAES.

As part of an attempt to counter the oppressive and often degrading character of weight loss programmes of physical activity, we emphasise the importance of pleasure in the development of active lifestyles. This is not just about experiencing fun/enjoyment in a self-selected activity. It is a rather more fundamental self-reflective and socially supported approach to engaging with the feelings and sensations involved in the process of moving one's own body and learning what types and intensities of movement provide a pleasurable experience. Such self education would also involve consideration of the spaces and places that might enhance the motivational moments of movement. We recognise here the significance of critical geographical work illustrating the complex relationships and uncertain knowledge about body size, urban design and health. As Evans et al. (2012) note, exclusionary geographies have shaped peoples' lives in relation to the legitimisation of class, gender and racialised stereotypes. Furthermore, public places and spaces are physically and symbolically difficult and uncomfortable for fat. Yet, taking a relational perspective, this has been suggested by some critical geographers may enable different insights and 'forms of movement' through a consideration of the way that different and diverse bodies 'move, interact with each other and objects in the context of physical activity' (Andrews et al. 2012, 1930). One of the aims of PAES is, then, to provide an alternative to weight loss and anti-fat models that create inclusive movement environments, defined and enjoyed by participants and based on intuitive engagement with bodily activity irrespective of body size and shape. A PAES approach, informed by HAES and Health in Every Respect is a critical pedagogical intervention that may provide a way of examining and making more sense out of the human aspect of the physical activity experience.

We do not argue that a public pedagogy approach to physical activity has all the answers in combating healthism and sizism in the policy and practice fields. As Evans et al. (2011) point out, a range of social institutions including schools, families and the media operate as sites for a type of public health pedagogy that re-presents individual responsibility as the solution to ill health. Attempts to re-signify fat in positive terms through critical public pedagogy are not without difficulty. Meleo-Erwin (2012, 388) argues that the 'desire of some fat activists to bring fatness under the banner of 'normal', particularly through attempts to link certain forms of fatness and health, is a losing battle' producing 'fat as a mode of subjectification, identification and collectivity'. A public pedagogy PAES approach brings with it a risk of constructing legitimate fatness (i.e. physically active and still fat) and immoral fatness (caused by inactivity and bad diet) (see Lebesco 2004, 2010).

Conclusion

As UK government, policy makers, health practitioners and other intermediaries increasingly utilise physical activity as a solution to a constructed obesity epidemic, physical activity policy and promotion has been caught up in a broader debate about weight and fatness. Debating and contesting the accompanying practices of the body which are promulgated through these policies is an important task (Monaghan 2013; Rich et al. 2011). It is a task for those working in critical public health. We have highlighted the potential utility of a public pedagogy approach to problematise and belie some of them taken for granted beliefs about physical activity and health but also to generate more critical and potentially more empowering forms of knowledge and understanding. As we indicate, in the title of our paper we consider our approach to be a critical public health pedagogy. Specifically, we commit to and invite others to develop and utilise critical and public spaces and pedagogies towards social action. The cases that we have drawn upon do not represent the totality of the complex and interwoven issues around weight, the body and physical activity. They are illustrative of the potential approaches of public pedagogy. We suggest that they serve as a starting point for other political, transgressive and public articulations.

In conclusion, we do not map out or advance a definitive, singular approach or orthodoxy in terms of how physical activity ought to be addressed through health policy and practice. As it made clear at the outset, our suggestions for PAES are not without their complexities and problems; policy and discourse are fluid and the values upon which a PAES approach rests have the potential to become another harmful discourse through which individuals who do not engage with physical activity (even in alternative forms) could be held up as culpable and unhealthy in new forms of healthism. Even divorced from size, the wider cultural landscape of physical activity is shrouded by a moral imperative which can construct the active fat person as the fit citizen and exclude and stigmatise the inactive fat body as slothful and immoral (Lebesco 2011). Our position, in this paper, is that through border crossing there is the potential to challenge the bases of particular physical activity and health politics and policies. We do not know in advance what these new assemblages may bring forth. In this sense, our initial suggestions for a PAES approach speak to broader appeals to work across institutional borders as part of an 'interrogation of unexplored areas of difference' (Gard 2013, 106). We recognise that we offer a complicated and rather messy response to HAES here. We do not swallow all tenets whole, and agree with Gard (2011, 2013) that both sceptics and protagonists of the obesity debate need to better explore the complexities within and between their fields rather than that looking for simple truths.

Central to our project is to consider some of the ways in which competing views might form part of a forward thinking policy and practice landscape that can move towards an understanding of tensions across artificial borders (Giroux 1992). Public pedagogy invites us to cross borders and move beyond our own positionality and epistemological preferences. We emphasise that depoliticising health discourse and the pursuit of consensus through the effects of neoliberalist approaches to healthy bodies has limited the range of knowledge communities integrated in the decision-making process of physical activity for health policy. In policy and practise contexts of physical activity, there are expectations to perform, intervene and facilitate measurable change in relation to weight. In championing PAES, we suggest it is the ethical duty of scholars, politicians, health professionals and practitioners to engage in border crossings and social action to forge critical pedagogies of public health.

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