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8 Social media as a health resource

A salutogenic perspective

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Chapter overview

This chapter explores the consequences of pathogenic notions of health in terms of a focus on risk and disease. A salutogenic perspective is an alternative way of discussing young people, social media, and health. In a salutogenic perspective, health resources are the main focus. A salutogenic perspective can help to identify new and diverse resources that young people draw upon to support their health development, such as social relations and/or critical awareness. As a consequence, this chapter highlights the pedagogical potential of social media and how it can educate about health as part of living a good life.

Health: a salutogenic perspective

This chapter will consider the interesting but potentially impossible question about what health is – or isn't. In scrutinising the relationship between social media, young people and health, an essential starting point is to ask ourselves the following questions: what do we mean by 'health'? And, how can we say anything about this issue if we are not making our assumptions about health clear?

What health is, or can be, is closely related to how individuals and societal institutions conceive health. Historically, understandings about health have been influenced in different directions by philosophy, religion, moral norms, politics and science (Nordenfeldt 1987; Tengland 2007; Tones and Green 2004). On one hand, health has relied on science to define health and to tell us what is healthy. In this context, health is often viewed as the opposite of disease. On the other hand, health has been regarded as something utopian, representing an ideal condition or direction for how people 'ought' to live their lives (Quennerstedt 2008). In this vein, Wright and Burrows (2004, p. 216) argue that "health" is a term used in diverse ways, linked to particular value systems, world views and socio-political, economic and cultural contexts'.

Many notions of health start from a position of normality where health is equated to a human being's normal condition. The consequence in policy as well as in practice is then a focus on deviations from this normality. This is

sometimes described as *pathogenic* (= origins of disease) perspectives of health (Antonovsky 1979, 1987; Quennerstedt 2008).

If one is ‘naturally’ healthy, then all one has to do to stay that way is reduce the risk factors as much as possible ... [and] ... facilitate and encourage individuals to engage in wise, low risk behaviour.

(Antonovsky 1996, p. 13)

These deviations (i.e. not health) have either been scientifically normative or morally normative. Scientifically normative often refers to medical science or psychoanalysis. Morally normative refers to ‘correct’ behaviour. Examples of behaviours that may be interpreted as correct are a male gender, heterosexuality, or normal body size, weight and shape. Health equalling normal and the forms of deviations can be understood in Figure 8.1.

Interestingly, what tends to happen is that our interest is turned towards the left side of the oval in Figure 8.1, since the question of what is normal is not something we need to cure, protect, or even investigate (curative health efforts). Some interest is also directed towards the line separating normal from not normal, so that we can detect and prevent people crossing the line (preventative health efforts).

In scientifically normative views, health becomes a condition understood as the absence of disease. In turn, health is understood as a goal – a static condition – achievable through avoiding diseases or risks of diseases (Quennerstedt 2010). In morally normative views of health, at least today, health becomes an attractive appearance and a fit, beautiful body. Deviations from the unattainable ideals in society are constituted as unhealthy, and in some cases even immoral (Gard and Wright 2001; Fitzpatrick and Tinning 2014; Leahy, O’Flynn, and Wright 2013).

Health can, however, be conceived of in different ways and can be seen as something more than simply not being diseased or being low risk. Alternatives

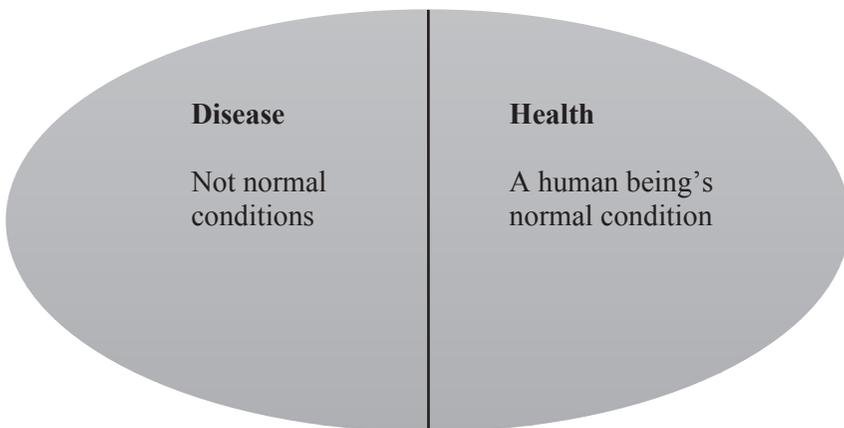


Figure 8.1 Health as the opposite of disease or not normal conditions.

to the pathogenic perspectives highlight the importance of psychological, social, societal, historical, and spiritual resources of health (Eriksson 2007; Lindström and Eriksson 2010). In the World Health Organisation [WHO] Ottawa charter, for example, this is formulated as: ‘health is created and lived by people within the setting of their everyday life: where they learn, work, play and love’ (WHO 1986, p. 2).

Alternative perspectives on health, that have emerged as a critique against the primarily biomedical notions of health, begin from a different philosophical standpoint to that of pathogenic perspectives. The perspectives can, as Antonovsky (1987) suggests, be termed *salutogenic* (= origins of health). The common denominator in a salutogenic perspective is a resistance towards health defined in a dualistic manner, as the opposite of disease or as not normal behaviour. Further, from a salutogenic perspective a critical stance toward the pervasiveness of pathogenic perspectives in research as well as in practice is taken (Lindström and Eriksson 2010; Mittelmark *et al.* 2017; Quennerstedt 2008). As Antonovsky (1979, p. 39) reminds us:

Our linguistic apparatus, our common sense thinking, and our daily behaviour reflect this dichotomy. It is also the conceptual basis for the work of health care and disease care professionals and institutions in Western societies.

Health is accordingly not something you either have or do not have in salutogenic perspectives. Rather, it is about different degrees of health, on a continuum, created and sustained in an ongoing process (Lindström and Eriksson 2010) (see Figure 8.2). In this sense, everyone is in some way always healthy, and many aspects that promote or prevent health development can be encompassed. In a salutogenic perspective, diseases can of course affect people’s health. Diseases are, however, regarded as separate processes that are applicable in certain situations as something that hinders health development, not as the opposite. Health is instead created in an interplay between the acting individual and her/his environment, so it is accordingly possible to have a disease and still be healthy.

In salutogenic perspectives, a large range of factors can promote or prevent health development on the continuum (Figure 8.2), for example, physical, social, political, spiritual, religious, economical resources, but also actions, diseases, and environmental factors. Antonovsky (1996) uses ‘the river’ as a metaphor to unpack these relational and sociocultural characteristics of health. As Antonovsky (1996, p. 14) states: ‘[w]e are all, always, in the dangerous river of life. The twin question is: How dangerous is our river? How well can we swim?’. How health is developed is then dependent on both our social, cultural, and



Figure 8.2 Health as a continuum.

natural environment (the river), *and* the physical, social, and mental resources of the individual (how well we can swim) (Lindström and Eriksson 2010; McCuaig and Quennerstedt 2018). Addressing the twin questions of health, that Antonovsky reminds us of, makes salutogenic perspectives often focus on the presence of something positive like, for example, wellbeing, quality of life, democracy, equality, or meaningfulness. Health is further regarded as something dynamic, always in the process of becoming. So, returning to the initial question regarding what health is or isn't, the only answer we can provide is – it depends. However, what we should provide is an answer to what it depends on, and one such thing is our assumptions regarding health, and in consequence, what questions we ask regarding, in this case, young people, social media and health.

In scientifically normative (thus pathogenic) views of health, questions we tend to ask are related to risks connected to the use of social media. This includes questions about how social media enhances the risks for young people to develop eating disorders like anorexia or orthorexia, negative body image, depression, damaging social comparison, risky dieting, harmful self-objectification, wounding peer appearance-related feedback or increased body dissatisfaction. Social media is then toxic when it comes to health, and health is reduced to the absence of risk, disease, and not normal behaviour. As Antonovsky (1996) reminds us, efforts regarding health should logically then be focused on reducing these risks with social media and encouraging young people to engage in wise, low risk behaviour, such that a healthy use of social media becomes 'risk free'.

These risk questions and issues are unquestionably important when discussing young people, social media, and health. Society, education, and parents should of course protect young people and create stable structures regarding, for example, internet safety, restrictions on advertising directed at young people, parental control and/or educational efforts in school regarding risks related to social media. But is this everything regarding young people, social media, and health?

Before I return to this question in relation to the cases of young people presented in the book (Chapters 2–7), it is also important to say something generally about morally normative (thus pathogenic) views of health in relation to young people, social media, and health. It is important to note that scientifically normative perspectives are often amalgamated with moral norms with regards to health. Historically, homosexuality is an apt example which, at least in Sweden, was defined as a disease up until as late as 50 years ago. Here moral norms regarding sexuality are blended with a psychological allegedly scientific diagnosis (Lupton 2012; Rydström 2003).

Another example is body weight where scientific evidence of the medical risks of obesity is mixed with moral codes regarding overweight persons. Individuals measured as deviating from normal BMI (over weight = over normal BMI) are then categorised as being immoral, lazy, unhealthy, and are positioned as individuals who do not take responsibility for the societal economic project since they are constantly at risk of attracting costly diseases (Gard and Wright 2001). Burrows and Wright (2004, p. 193) argue that: 'Causal links drawn between ill health and moral laxity, sexual unattractiveness and emotional

fragility have impelled even the most exercise-resistant of our population to action.’ A beautiful, fit, and ‘normal’ body thus seems to be related to the value placed on us as human beings.

In morally normative views of health, questions we tend to ask regarding social media can be understood as related to young people’s use of social media that is viewed as a behaviour deviating from the norm of adult behaviour. This is sometimes expressed as a moral panic over social media addiction, not dissimilar to how adults previously have fixated on computer games, video, television, and, historically, even reading novels. In this way, young people’s social media use is positioned as the not normal and becomes hazardous and toxic per se, and as something adults and society should control and from which they should protect young people. In Chapter 7 this is captured beautifully by young people themselves. The chapter describes how young people interact in spaces that adults often don’t understand or belong to, where ‘every word or post is perceived as a risk’ (p. 54).

At the same time, an interest concerning moral norms on health can help us scrutinise the amalgamation between scientific and moral norms. We can ask questions regarding how we can help young people to feel good about themselves despite strange body ideals that are prevalent in society in terms of muscular and thin, often commercially driven ideals. In relation to social media this can be about discussing what fitness is or isn’t, and what norms the fitness industry drives young people to ‘fit’ into. We can also scrutinise moral norms regarding normal body weight and shape, individually measured as normal BMI, which are often promoted by societal institutions like education under the guise of saving young people from the ‘obesity epidemic’ (cf. Gard and Wright 2005; Harris *et al.* 2016; Petherick 2015; Powell and Fitzpatrick 2015). In this endeavour, it is important to be aware that well-meant campaigns about, for example, food also contain strong and persuasive moral norms regarding health.

Young people, social media, and health

When looking at the case studies in this book (Chapters 2–7) from a health perspective, that is, when the word health is used explicitly, it is quite easy to become dejected and even concerned. Health is depicted as a public performance of perfect bodies closely related to issues of diet, sleep, exercise, and body image. Social media then becomes a magnifying glass of society at large where slender and fit equals healthy, and overweight or fat (and sometimes even ‘normal’ weight) equals unhealthy (Fitzpatrick and Tinning 2014; Powell and Fitzpatrick 2015). In the chapters, health information, health-related material, dialogues about health, health literacy, and young people’s health-related needs are mentioned, but with few clarifications regarding which information, what to have dialogues about, or what young people’s needs actually are regarding health information and education. Jess’ case (Chapter 6) is particularly powerful here because it indicates that what young people need regarding their understanding and development of health is ideologically persuasive messages about being

active, eating well, and getting adequate sleep; messages that would preferably be delivered by celebrities. But this is, as I have argued, a quite narrow, individualistic, instrumental, and in many senses pathogenic notion of health.

Interestingly, the pathogenic description can also be the end of the story about young people, social media, and health when we look at it from a health perspective. However, what about WHO's (1986, p. 2) message that: 'health is created and lived by people within the setting of their everyday life: where they learn, work, play and love'? As I have argued earlier, in order to understand health, we also should ask salutogenic questions. In so doing, we have to take both the 'river' and 'the swimmer' into account, including both what promotes and hinders young people's development towards more health on the continuum (see Figure 8.2). So now let's put salutogenic questions to use in the cases provided in this book regarding young people, social media, and health.

Salutogenic questions can be posed in numerous of ways, capturing different aspects of the health continuum. In this chapter I use what Louise McCuaig and myself have developed in terms of identifying health resources through asking salutogenic questions (Ericson *et al.* 2017; McCuaig and Quennerstedt 2018). Briefly, health resources can be seen as different ways in which people from different backgrounds and in diverse contexts draw upon different resources to live a good life. As such, questions I would ask of the cases are:

- What does a good life for young people that involves social media look like?
- What hinders this good life?

Through posing these questions to the cases I have identified five health resources that young people draw upon in relation to social media:

- 1 Social relations, communication, and relatability
- 2 Education and learning
- 3 Public expression and affirmation
- 4 Knowing social media
- 5 Critical awareness.

Under each health resource I describe what promotes as well as hinders health development looking at the cases both regarding the 'river' and the 'swimmer'. Of course, a full account of the health resources can't be presented here, but it can illustrate a way to see how salutogenic questions help to explore and discuss issues of young people, social media, and health without reducing the conversation to risk alone.

Social relations, communication, and relatability

One important health resource regarding young people and social media is that social media can be a fantastic tool to communicate, contact friends, stay connected, and to talk to people instantly. This is visible in all the cases with Kelly,

Yaz, Leah, James, and Jess (Chapters 2–6) all conveying this clearly. Kelly (Chapter 2), for example, uses social media as a way to communicate with her friends, but also to connect to new people globally with shared interests to hers. In this way, she can with ease expand her social network beyond local social relationships and also, as seen in James' case (Chapter 5), generate social capital, even though James as reported in the case is capitalising the social in social media rather than creating social capital. Social media is also a way to relate to 'real people' through communicating with images and videos. Yaz (Chapter 3) describes this as helpful because both the information and the people communicating the information are relatable to him.

At the same time, the ease of the communication also makes it difficult to close down the communication, and this is sometimes referred to as a fear of missing out (FoMO) (Przybylski *et al.* 2013). Kelly (Chapter 2), in particular, describes this when she states that, 'if you haven't got Snapchat, it means you're a dead person'. It could be argued that this desire to always know what is going on with your friends can hinder health development. Also, James' case (Chapter 5) is an example where the ease of the communication on social media, together with the naivety of the user, magnify bullying and can make it more public in terms of, for example, fat-shaming or skinny-shaming that already occurs on social media.

Education and learning

Another important health resource in relation to social media is education and learning. In several of the cases social media is portrayed as a principal source of information. Social media thus becomes the instrument of learning in terms of knowledge about physical training from real people doing real exercises, as in Yaz's case (Chapter 3), or knowledge about people (celebrities or not) as in the case of Jess (Chapter 6). However, it is not only the information per se, but the opportunities to collaborate with and learn from others that become a powerful educational resource for dialogues about health. Indeed, Yaz (Chapter 3) suggests that social media campaigns can motivate people to be physically active. Through social media use, young people also develop the ability to communicate with images and videos, which can be seen as an important educational resource.

On the other hand, the cases also reveal that the social media sites young people use often portray an extremely narrow understanding of health, reducing health to a consumption practice and promoting health shortcuts. This can be devastating for young people's health development and, furthermore, the algorithms used in social media (see Chapter 2 and 3) seem to narrow the available information about health. The narrow notion of health portrayed on social media through its algorithms is a magnification of the media picture of health in society at large, and as a consequence we often position young people as vulnerable and in need of protection. This positioning of young people as vulnerable instead of competent can also be an obstacle for health development, and in Chapter 7 young people recommend that adults make an effort to understand contemporary

pressures enhanced by social media and educate for an action competence in relation to the influence of social media.

Public expression and affirmation

The possibility of using social media as a space to express oneself publicly is something that can be seen as a health resource. This possibility to publicly express and post opinions and views through text, video, or pictures is more accessible and open for all on social media, and the cases show that the instant affirmation and endorsements in the form of likes, comments, and reposting, when posting something or sharing posts, can be fulfilling. James' narrative (Chapter 5) about feeling good about being noticed and getting positive peer feedback is interesting in this sense, since the endorsements on one hand seem to be part of James' idea of a good life, but on the other hand he can also reflect on the downsides that can make him feel bad about himself. Also, the WhatsApp group in Chapter 7 is powerful in the sense that it shows the deliberation of views and ideas in a 'publicly private' space where the young people can lash out at the not-knowing adults and get instant feedback.

At the same time, health through advertising and the sharing of pictures and videos can become a public performance associated with perfect bodies, where young people are looking for affirmation regarding their bodies. This, however, is not new, as health related to perfect bodies is an example of a morally normative health perspective that was present pre social media (see Evans, Davies, and Wright 2004). It is, however, magnified through social media, and image filters creating images of perfect bodies, previously reserved for commercial media, are now available for everyone to use. Body dissatisfaction due to peer comparisons is thus potentially magnified, and as Leah's case (Chapter 4) highlights, it is all more obvious when the peer comparisons are with people you know. Yaz's case (Chapter 3) is also interesting in terms of how he describes a rather narrow understanding of health, and Amy (his friend) expresses her concerns about health fanaticism connected to Yaz's physical training and focus on muscle-gaining exercises. At the same time Yaz highlights how physical activity campaigns can help with the motivation to be physically active if you see 'real people doing real exercises'.

Knowing social media

An important health resource in itself is the knowledge and ability the young people in the cases display regarding social media as a phenomenon. It is interesting to see how the cases display the ways in which young people are navigating social media; a medium where young people interact in spaces adults don't understand or belong to. The young people have specific knowledge about, in and through social media and ways to communicate with pictures and videos that most adults don't have. This knowledge creates a kind of meaningfulness and comprehensibility that is an important part of this health resource. In Chapter 7

the WhatsApp group is a fantastic illustration of how adults unsuccessfully try to grasp the complex ways young people use social media, and how this distinction of ‘not being one of them’ (i.e. the adult generation) becomes an important identity for a young social media user. It is ‘us against them’, it is ‘us as knowers’ and ‘them as the not knowers’ regarding an issue that is of actual importance. The young people pride themselves on being in a space and knowing it exhaustively in a way that adults (parents and teachers) are not even close to achieving, and this becomes an important health resource for them.

In Chapter 7, because of adults’ lack of knowledge, school assemblies informing young people about social media became a running joke in the group, where adults talked about issues that were not important, for example, privacy settings. At the same time, adults failed to address issues that actually mattered to the young people, such as peer pressure. Leah (in Chapter 7) argued that because one person had a bad experience, adults then think that everyone is at risk, and James (in Chapter 7) claimed that adults are often completely wrong about what happens on social media.

The WhatsApp group discussions (Chapter 7) also highlight the need for social media navigational skills, that is, ‘sailing without running aground’. The young people in the cases seem to be quite aware of the risks. They are already aware of the cyberbullying, the peer pressure, the focus on perfect bodies, the commercialism, and the fake images. What they seem to require is the navigational skills to navigate messages about health, to navigate the algorithmic properties of social media and the support to be able to withstand the pressures without the adults assuming the worst, because they don’t understand social media.

Critical awareness

Another health resource closely related to the health resource of knowing social media (as above) that can be identified in the cases is critical awareness in relation to social media. This critical awareness is related both to being critically aware users and critically aware generators of social media. The Pengting WhatsApp group discussions (Chapter 7) and the advice young people give to parents, teachers, and other adults conveys the value of an inquiring critical stance toward the content in social media, but also towards social media in itself. The WhatsApp discussion (Chapter 7) demonstrates the ambiguity of this issue. Some of the young people think that school assemblies about social media are a waste of time, since adults don’t know anything about what is going on in social media anyway. Yaz (in Chapter 7), on the other hand, thinks that assemblies can be an opportunity to get information out to all and reduce the risk-related impacts of, for example, anorexia. The young people also urge teachers and parents to increase their own critical awareness about what is happening on social media so that they can help young people to navigate against any potential risks. At the same time, none of them would ever talk about what is happening on social media with their parents and they mock adults’ uses of social media, for example, the ways in which they use Facebook.

The cases also reveal that young people are, at the same time, aware and not aware users of social media. In a general sense, they are aware of the risks, and they also are aware of risks that adults don't know about. Amy's comments about Yaz's use of fitness videos in Chapter 3 is an example of this critical awareness. Also in the recommendations for adults (Chapter 7), this critical awareness is visible in that young people know they should block and report users who are cyberbullying, and that they should be critical of information on social media. However, this general awareness does not always extend to their own social media use. Amy (Chapter 3) is not critically scrutinising how social media campaigns affect herself, and Leah (Chapter 4) claims that 'there are loads of risks, but not for everyone. Not for us!!'.

Implications for addressing young people, social media, and health from a salutogenic perspective

From a pathogenic perspective, health is depicted as the opposite of disease or not normal behaviour. Asking pathogenic questions and considering the origins of disease in the cases thus involve issues of, for example, diet, sleep, exercise, and body image. However, it is seldom about good sleep, ample exercise, good eating habits, or positive body image. It is instead often about the risks involved in relation to these issues, and how we as adults should protect young people from these risks. As Antonovsky (1996, p. 13) reminds us: 'If one is "naturally" healthy, then all one has to do to stay that way is reduce the risk factors as much as possible ... [and] ... facilitate and encourage individuals to engage in wise, low risk behaviour.'

It is worth reminding ourselves at this point that pathogenic questions are important to ask, particularly in contexts of medicine. But just as risk, disease, or deviant behaviour become the answers to pathogenic questions, other issues *also* become important if we ask salutogenic questions, and this can occur without excluding risks. Risks instead become interesting if they hamper health development, but not as a risk in terms of deviating from a normal condition called health.

Looking at young people, social media, and health from a salutogenic perspective is accordingly not only about avoiding risks. Instead it is more complex than that, and the stories and experiences of over 1,500 young people in the UK illustrate the resources they draw upon in their social media use. This complexity is about developing and balancing resources for a good life, and the answers to salutogenic questions are related to origins of health, where sources for living a good life are found both in the 'river', with the 'swimmer', and in the relation between 'river' and the 'swimmer'. In this way, health can come in many different shapes and sizes: we might ask why we even attempt to talk about 'health' in the singular when we talk about so many different diseases. Is health rather a plural? Or is it even a noun? Is it something we do; that is, a verb: *healthying*?

Asking salutogenic questions accordingly makes us consider health resources such as social relations, education, public expression, and knowledge about social media, but the questions also reveal more aspects that can be barriers for

health development beyond risks for disease. Examples of barriers for health in the cases are (i) not being on social media, (ii) the positioning of young people as vulnerable and adults always assuming the worst, (iii) peer comparisons, (iv) the algorithmic properties in social media, and (v) rampant commercialism targeting young people. But what can we do in school to encompass social media while taking health issues both in ‘the river’ and with the ‘swimmer’ into account? In the following, an example from Australia and a discussion about critical awareness and digital citizenship is presented to discuss some implications for education regarding young people, social media, and health from a salutogenic perspective and from the data presented in the case studies (Chapters 2–7).

The healthy-living website

One interesting example of what I have written so far is from Australia, where a salutogenic perspective of health is embedded in the national curriculum in health and physical education under the label of a strengths-based approach (Macdonald 2013; McCuaig, Quennerstedt, and Macdonald 2013). McCuaig, Quennerstedt, and Macdonald (2013) argued that the introduction of a salutogenic approach in the curriculum could potentially stimulate new opportunities regarding the learning area of health, where issues of social media form part of the curriculum. They illustrate this through a project – The Health Literacy @ Ipswich Schools project – where inquiry-based pedagogies were used in a salutogenically oriented health literacy unit of work. So, instead of teaching health literacy in health education as a pathogenic solution to issues such as sexually transmitted diseases, drug misuse or mental health, the unit explored a variety of life experiences and resources ‘that support, inspire and promote young people’s healthy living’ (McCuaig, Quennerstedt, and Macdonald 2013, p. 117). An example of this is first a brainstorming session around the statement ‘I am healthy and enjoy life because ...’, and McCuaig, Quennerstedt, and Macdonald (2013, p. 117) write that:

In response, students not only identified relatively pathogenically oriented concerns such as safe sexual activity and drinking, but also nominated learning to relax, owning a pet, quality sleep, positive friends and good communication with parents as focal themes.

The students also engaged in an assessment task that involved creating a healthy-living website for young people. On the website, the young people presented resources available to them among friends, in their family, in school and in their community, and related these resources to the needs of young people in Ipswich (McCuaig, Quennerstedt, and Macdonald 2013). In this task, social media could also have been scrutinised by young people in terms of questions like: ‘I enjoy life because social media helps me to ...’. The adoption of salutogenic approaches in school practices have yet to be investigated, however, at state

level the ‘new’ senior health education syllabus in Queensland for implementation in 2019 (Queensland Curriculum and Assessment Authority 2017) takes the salutogenic turn a step further, also including salutogenesis as subject matter and thus part of the assessment in health education.

Education, critical awareness and digital citizenship

When looking at the role of schooling in relation to social media in a salutogenic perspective, the cases in the book have implications for issues including education, critical awareness, and, in consequence, digital citizenship (Mossberger *et al.* 2007; Mossberger 2009). So how can we, in line with the ‘Health Literacy @ Ipswich Schools project’, educate young people to become ‘healthy’ users of social media? What can the role of education be regarding young people, social media, and health?

In the cases, and in particular in the advice young people gave to parents, teachers, and other adults (Chapter 7), it is argued that adults need to understand the contemporary pressures in young people’s lives, as well as support young people to navigate risks related to social media. Critical skills and a critical awareness are in the cases highlighted as important, but what is being critical in this context, and what is it to act critically in a salutogenic perspective?

According to Johnson and Morris (2010), acting critically can be about critical thinking, which they argue is a rather individualistic and context-neutral way of looking at critique. On the other hand, Johnson and Morris (2010) also emphasise critical pedagogy as a collective, context-driven perspective which concerns equal opportunity and social justice. The two perspectives on critique sometimes intersect and if we take both of these aspects of critique into account, then teaching critical awareness and to act critically in relation to health can be several things.

First, it can be about teaching a critical stance not only towards social media itself, including social media algorithms or commercial interests on social media, but also towards messages about health in general. This might include messages promoting strange body ideals and measures such as BMI, pro-anorexia hashtags or extreme fitness videos. Second, the difficulty in teaching critical awareness is the question of what to be critical towards, and the cases highlight this difficulty and disparity between teachers’ and young people’s ideas regarding the focus of the critique. Education should then consider critical awareness in terms of *how* to be critical. In this endeavour, the question of *what* to be critical towards will inevitably change and will also be open for deliberation. So, what to develop a critical awareness about in school is a question of teaching more about *how* social media is used and practiced than *what* social media contains, since the content will constantly change. This is more about becoming members of a digital society, and Johnson and Morris (2010) in their discussion argue for critical citizenship education, and in the context of this chapter, I would add a digital citizenship education regarding health.

A salutogenic digital citizenship education could, as Lawy and Biesta (2006) argue, build on an inclusive and relational view of citizenship-as-practice. This

perspective aligns well with a salutogenic perspective of health and the metaphor of the swimmer in the river. This involves a pedagogy *with* rather than *on* young people focusing on issues important to the young themselves. As Henry Giroux (2003, p. 12) argues: ‘educational work needs to respond to the dilemmas of the outside world by focusing on how young people make sense of their experiences and possibilities for decision-making within the structures of everyday life’. It is accordingly not about guiding young people towards a pre-defined goal about what health is or isn’t as established by society, education, or adults. It isn’t either only about teaching young people about risks with social media as identified by adults. Instead it could be about a pluralistic and participatory social media pedagogy where young people can critically examine values, norms, and knowledge on social media in order to form their own nuanced standpoints. In this sense, as Andersson and Öhman (2017) argue, social media can be considered as a public pedagogy and young people’s engagement in social media thus has clear educative potential. In turn, salutogenic digital citizenship education could focus on *how* social media is practiced in relation to health in a wider sense.

If we follow Giroux’s (2003) advice to education, that it has to respond to the dilemmas of the young, we should let young people examine and discuss social media in a wide sense regarding health both as resources and as barriers for living a good life. Digital citizenship in relation to health is then about how to live a good life in different ways in a society where digital issues are a major part of people’s lives.

Summary of key messages

From a salutogenic perspective on health:

- We have to look for origins of health both in terms of health resources and what hinders health development if we want to understand issues of young people, social media, and health. Health resources can then be understood as different ways in which people from different backgrounds and in diverse contexts draw upon different resources to live a good life.
- Salutogenic questions can help to understand how additional aspects of young people’s uses of social media can be regarded as good for their health, but also how other aspects can be barriers for health development.
- There are health risks connected to social media and young people, but not necessarily the risks parents/guardians, teachers, and other adults identify as the risks.
- There is a pedagogical potential for education on, about, and through social media regarding health in a wider sense in terms of letting young people explore how social media can be a part of living a good life.
- Critical inquiry, public pedagogy and a focus on educative aspects of social media can be a way to discuss the development of a salutogenic digital citizenship education.

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