

Vol 7, no 1, 2015



Revue phénEPS / PHEnex Journal

**4Vitality Kettle Bell Training: Fostering Physical Resurgence amongst the
Urban Indigenous Community Members**

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Abstract

Many of the health disparities between Indigenous and non-Indigenous people in Canada are experienced as a result of colonialism. Any solutions to such health disparities will necessarily include processes of decolonization. In this commentary the authors provide an example of a specific Anishinaabeg physical activity program located within a Friendship Centre in Ottawa, Ontario. The authors' emphasize the engagement of physical activity with the intent to regain physicality to challenge health disparities is an act of decolonization.

Keywords: Indigenous people, decolonization, kettle bells

Résumé

Plusieurs des disparités en santé observées entre les peuples autochtones et non autochtones du Canada sont la conséquence du colonialisme. Toute solution visant à éliminer ces disparités en santé doit nécessairement intégrer un processus de décolonisation. Dans ce commentaire, les auteurs donnent l'exemple d'un programme d'activité physique typiquement Anishinaabeg offert dans un Centre d'amitié d'Ottawa, en Ontario. Les auteurs affirment que le recours à l'activité physique pour réduire les disparités en santé en réaffirmant la présence physique constitue un geste de décolonisation.

Mots clés : peuples autochtones, décolonisation, haltères à anse

Introduction

There is a movement of resurgence among Indigenous people in what is now known as Canada. Indigenous peoples are committing to overcome the effects of colonialism on their lives by engaging in resurgence activities such as language regeneration, cultural practices and ceremonies. Indigenous people's physical resurgence is also happening in sites of physical activity. As Anishinaabeg partners from northwestern Ontario (the first author is from Bingwi Neyaashi Anishinaabek and the second author is from Couchiching First Nation), we have been proud to help to facilitate this resurgence. Carrying a strong commitment to physical activity and volunteering in the urban Indigenous community of Ottawa, where we now reside, our belief is that physical activity is a tool to foster the resurgence of our people; more than that, we also feel that it assists us in our efforts to overcome the effects of colonialism on our health and physicality (denotes the engagement in physical activity). In this commentary, we endeavour to show how we are working towards decolonization by fostering physical resurgence and health for Indigenous people in an urban setting through 4Vitality Kettle Bellⁱ Training at the Odawa Native Friendship Centre in Ottawa, Ontario. Our goal in sharing our story is to showcase how physical activity programs can be used to promote broader community health and regeneration.

This commentary has five main sections. First, we briefly contextualize colonialism as it relates to bodies and the current health disparities between Indigenous people and non-Indigenous people. Second, we explore the importance of decolonization in addressing ill health in order to improve physical well-being. We also provide relevant examples of cultural regeneration and decolonization studies and/or programs. Third, we then explain how having access to community physical activity programs, such as the Urban Aboriginal Healthy Living Program at the Odawa Native Friendship Centre, for example, can provide spaces for physical regeneration. Fourth, we describe the development of 4Vitality Kettle Bell Training and explain why kettle bells are great tools to foster physicality. Lastly, we suggest that physical activity with the intent to address ill health in order to regenerate physicality is a process of decolonization. From this vantage point we also offer five recommendations based on our program's success that may assist others who wish to build a physical activity program in their community.

Effects of Colonialism on Our Bodies

In order to outline how colonialism affects our bodies, it is necessary to first highlight the process of colonization in what is now known as Canada. Generally, colonization is understood as a system of colonial control (behaviours, ideologies, institutions, policies, and economies) over Indigenous peoples and their lands (Wilson & Yellowbird, 2005). In Canada, colonization occurred through genocide, residential schools, legal frameworks, disease and ill health, violence and reserve systems (Miller, 1991; Kelm; 1998). Colonization cannot be seen as a singular event that occurred in the past. Rather, it is an on-going process as seen, for example, in the following ways: the over 1000 missing and murdered Indigenous women (Royal Canadian Mounted Police 2014); the Indian Act, 1985 (current in 2014, last amended in 2013), a first iteration created in 1857, is still the legal framework to 'manage' First Nations people; and the perpetual disadvantages experienced by Indigenous people in every facet of socio-economic indicators and overrepresentation in ill health statistics (Garner, Carriere, Sanmartin, & the Longitudinal Health and Administrative Data Research Team, 2010).

Prior to colonization, Indigenous people maintained a high level of physicality, which was required to live on the land, and were healthy and free from chronic disease (Dapice, 2006; Kelm, 1998). The effects of colonialism on our bodies are seen in the health disparities between Indigenous people and non-Indigenous people (Wilson, 2012). The purpose of this commentary is not solely to focus on our disparities; rather, it is also to emphasize the resurgence of our health and physicality. But, we feel that it is also important to briefly highlight the vast health issues our people are challenging by being physically active. For many years, researchers have been documenting the health disparities between Indigenous and non-Indigenous people in Canada. It is now well known that the health and well-being of Indigenous people is generally poorer than non-Indigenous people (Garner, et al., 2010). For instance, when compared to the non-Indigenous population, Indigenous people experience heart disease at a rate that is one and a half times higher; type 2 diabetes is three to five times higher among First Nations people (Health Canada, 2006); and, Indigenous people have higher incidences of overweight and obesity (Katzmarzyk, 2008). Type 2 diabetes is particularly problematic as it is reaching epidemic rates in Indigenous communities (Reading, 2009; Toth, Cardinal, Moyah, & Ralph-Campbell, 2005) and is compounded by the statistic that individuals with type 2 diabetes are two to four times more likely to develop cardiovascular disease than those without, and cardiovascular disease is the most common cause of death for those with type 2 diabetes (Public Health Agency of Canada, 2011). The health disparities experienced by Indigenous people can be partially addressed through physical activity (Lavalley & Levesque, 2013).

Physical Activity, Decolonization, and Improved Physical Well-Being

Recent studies have concluded that physical activity programs nested within culturally safe and appropriate spaces positively influence participants' engagement with physical activity and adopting healthier lifestyles. For example, a well-known lifestyle intervention study of the Pima Indians in the United States found that by integrating cultural practices, teachings, and Indigenous methods of learning, created positive impacts upon adopting healthier lifestyles (Narayan et al., 1998). A comparable lifestyle intervention for Native American people was implemented in New Mexico that showed similar results (Gilliland, Perez, Azen & Carter, 2003), especially concerning improving type 2 diabetes outcomes. Yet, physical activity programs on their own are not enough to address the root causes of ill health.

Given the historical to present day effects of colonialism on health and physical well-being, any attempt to address these issues must be also linked to decolonization efforts (Mundel & Chapman, 2010). There are a variety of engagements with how decolonization is defined and achieved (Alfred, 2005; Memmi, 2006; Mohanty, 2003; Smith, 1999); however, for the purposes of this commentary, we engage the following description of decolonization, "[decolonization is] the meaningful and active resistance to the forces of colonialism that perpetuate the subjugation and/or exploitation of our minds, bodies, and lands" (Wilson & Yellowbird, 2012, p. 3). Wilson (2004) further explained, "decolonization is about empowerment – a belief that situations can be transformed, a belief and trust in our own peoples' values and abilities, and a willingness to make change" (p. 71). An example of engaging in decolonization with the intent to foster positive transformation is Goulet, Linds, Episkenew and Schmidt's (2011) study on the use of theatre activities with Indigenous youth.

Working with Indigenous youth, Goulet et al. (2011) used theatre performance to address the effects of colonialism on the body, and the youth's willingness to enact agency in healing

practices. Of particular note is the researchers' use of the term health, "we see health for Indigenous youth as a decolonizing process in the political act of healing the self through the restoration of autonomous decision making and agency" (p. 90). The researchers link colonialism to restriction of Indigenous people with the goal of "confinement to reserves, confinement in residential schools, restriction of movement and economic activity, restriction of decision making and thinking, restriction and denial of cultural, artistic, and spiritual expression" (p.112). Thus, when the youth engaged in the freedom of play through theatre they renounced the colonial control over their bodies in order to express playfulness and engaged in decolonization.

Decolonization processes are also expanded to health promotion practices. For instance, Mundel and Chapman's (2010) recent study illuminated a how urban Aboriginal community gardens project is an example of decolonizing health promotion. The researchers contextualize Indigenous people's ill health within the context of colonialism and drew solutions based in decolonization processes, which required healing, acknowledging the effects of colonialism and celebrating cultural regeneration. The researchers concluded in decolonization processes applied to health activities are necessary to address the colonial impacts on Indigenous peoples' health.

Connecting with physical activity programs within Indigenous community is an important element in achieving participant success. Lavalley (2008) makes the connection between physical activity and holistic well-being, which encompasses the spiritual, emotional, mental, and physical elements. Her research shows how Indigenous women's experiences with physical activity can foster empowerment by challenging low self-esteem and helping women to learn about their cultural identity. The participants in the study identified that part of their success in achieving holistic well-being through physical activity was the physical activity program was located at a culturally appropriate location, the Native Canadian Centre of Toronto (a Friendship Centre) and that the instructor was an Indigenous person who integrated cultural teachings in the program.

Similarly, the National Centre of Indigenous Excellence (NCIE) in New South Wales, Australia is a leading example that fosters the salient contributing factors in achieving physical well-being. Their mission is to build upon Indigenous excellence, which they define as "the assertion that all Indigenous people inherently embody a unique and outstanding quality, that is, being connected to Aboriginal and/or Torres Strait Islander history, culture, and community" (NCIE, <http://ncie.org.au/home#-/home/our-story>). They foster Indigenous excellence by developing and delivering 'life changing' programs. For example, they offer a number of specialized physical activity programming including aquatics, an indoor stadium, an outdoor sports field, a weight and cardio rooms, personal training, and group fitness classes. Of particular interest are their group kettle bell classes. The NCIE offers a kettle bell class where typical kettle bell movements are used to build cardiovascular and strength training. An additional kettle bell warrior class is offered to take the foundational kettle bell training to higher degree of physicality. Within our search of literature and web based searches, the NCIE was the singular reference to Indigenous peoples training with kettle bells, other than our own 4Vitality Kettle Bell Training Program, which speaks to the innovative nature of this form of physicality.

In sum, physical activity coupled with the appropriate cultural inclusiveness positively effects health disparities experienced by Indigenous people and to have a lasting impact physical activity should be connected with decolonization and regeneration efforts.

Creating Spaces for Physicality

The Odawa Native Friendship Centre in Ottawa is supporting the achievement of community health through its Urban Aboriginal Healthy Living Program (UAHLP). The UAHLP has established itself as a “go-to” program for urban Indigenous people who are seeking to achieve a healthy lifestyle. The UAHLP, launched in 16 Friendship Centres in Ontario, was created to increase urban Indigenous people’s participation in sport, physical fitness activities, recreation, and other health promotion programs that promote healthy lifestyle behaviours (Ontario Federation of Indigenous Friendship Centres, n.d.). The environment the UAHLP offers for urban Indigenous people to engage in physical activity is significant for achieving community health, as a welcoming, supportive environment is an essential factor to increase the likelihood of success of a physical activity program (Ries et al.,2008). For instance, when a person walks into the UAHLP gym space, the employees and the other people who may be working out welcome him/her. It is a friendly, accepting, and nurturing space where people can connect to their peers while working out. What is unique about the environment at the UAHLP gym is the strong sense of community that is supportive. It is not uncommon to hear people encouraging and motivating each other to push themselves while they are training, whether it is in a fitness class or strength training.

In 2009 we decided to launch our 4Vitality Kettle Bell Training Program as a result of the UAHLP creating such a strong and supportive environment that promotes physical activity. Both programs complement each other as each program is designed to foster physical activity with the objective of creating healthy community members. In our efforts to foster physical activity, we must also clarify that we do not promote a pan-Indigenous approach. 4Vitality was created using Anishinaabeg knowledge regarding physicality and decolonization. Given that the program operates through UAHLP at the Odawa Native Friendship Centre, the knowledge included in the program has applicable benefits to other Indigenous people as there are a variety of Indigenous nations represented in the class. Indeed, there are many Indigenous nations within the territory now known as Canada; however, we experience the same burden of ill health and must support each other to overcome it.

4Vitality and Training with Kettle Bells

We began training with kettle bells in 2007 while living in British Columbia, where we both worked on our Masters of Arts degrees. At that time, we attended an early morning class that focussed on long cycle kettle bell training. Our experience of working out with kettle bells ignited a commitment to train together to become efficient with this style of exercise. Upon completing our academic course requirements, we moved back to Thunder Bay, Ontario where we focussed on completing our research. We also began hard style kettle bell training under the coaching of Ryan Landgraff, through Leading Edge Fitness.

Landgraff’s coaching helped us to gain tremendous physicality, become proficient with kettle bell training, and assisted us in achieving our kettle bell coaching certifications under Agastu, Inc. with Shawn Mozen. Attending Leading Edge Fitness also inspired the second author to place kettle bell training as the focal point for his community governance project to earn his Master of Arts degree. The second author created 4Vitality Kettle Bell Training to foster the renewal of physicality among Anishinaabeg people through training with kettle bells.

The name 4Vitality was chosen because it encompasses the mental, spiritual, emotional, and physical elements to being healthy. In Anishinaabeg thought, physical activity involves more than just exercising your body; it also trains your mind, spirit, and emotions. To challenge the effects of colonialism on our health and physicality, we as Indigenous peoples must engage in physical training to gain vitality. The purpose of 4Vitality is to promote strength, endurance, and empowerment through kettle bell training within the Anishinaabeg community and the broader urban Indigenous community. The main objective is to regenerate our Anishinaabeg vitality; we believe it can be achieved through kettle bell training.

Why Kettle Bells?

Kettle bells facilitate endurance, strength and explosiveness, flexibility, and a holistic approach to fitness (Lake & Lauder, 2012; Manocchia, Spierer, Lufkin, Minichiello, & Castro, 2013). Kettle bell movements such as swings, snatches, etc., exercise your whole body by engaging your core while concurrently stimulating both aerobic and anaerobic work systems (Fung & Shore, 2010). Kettle bell training is effective for weight management and improving cardiovascular fitness (Schnettler, Porcari, Foster, & Anders, 2010); this style of physical activity can be beneficial to athletes or for people who just want to get into shape and feel empowered (Manocchia et al., 2013).

Body weight exercises, plyometrics, and calisthenics, are other ways to increase strength, endurance, speed, agility, and mobility. These training styles coupled with kettle bell movements are an excellent way to achieve fitness. In 4Vitality, we utilize these methods of fitness to help our class participants achieve their goals and regenerate their overall health.

Building Physical Resurgence

Our 4Vitality kettle bell class is an example of building physical resurgence through high intensity workouts. Our class takes place once a week and lasts for an hour, with the authors alternating weekly as instructors. A typical workout includes a warm-up, 20 minutes of strength exercises, and then moves into the 20 - 25 minutes of kettle bell training, followed by a 10 minute cool down. Our class is open to all; however, as we operate out of the Odawa Native Friendship Centre, our participants are mainly urban Indigenous people. Each week our class participants train hard; they push themselves to reach new strength and cardiovascular achievements and encourage each other to finish the workouts. It is incredibly empowering to create a space for our urban Indigenous community members to strive together in gaining physicality, which showcases their commitment to individual and community regeneration.

The ill health experienced amongst Indigenous people can be a catalyst for a person to begin to engage in regenerating physicality, which will ultimately cause resurgence from the effects of colonialism in his/her community. Engaging in physical activity with the intent to regain physicality to directly challenge our health disparities is an act of decolonization. This understanding is what encouraged us to become certified kettle bell instructors; we gained the skill to foster a specific form of physical activity, kettle bell training, to engage in our own process of physical decolonization. Although kettle bell training is one of the activities we are passionate about, any form of physical activity can foster decolonization and regenerated physicality. The point to be made is that physical activity has strong reverberations for more than just an individual. By one person committing to physical training, it can lead to the greater health of his/her family because s/he may inspire others to also engage in physical activity,

which then has the potential to resonate with other people in the community. Having a whole community be healthy by regaining physicality is, we argue, the ultimate demonstration of resurgence from the effects of colonialism on our bodies and health.

As Anishinaabeg people we carry a responsibility to keep healthy and strong in order to best represent our respective families, communities, and nation (Johnson, 1976). Indigenous peoples' health and physical strength has vastly deteriorated due to years of living with colonial diets and lifestyle, resulting in many of the health disparities. Once the picture of vitality, we are now facing a crisis of chronic disease (Reading, 2009). Given our community's current ill health, we contend that we are not fully living up to our responsibility as Anishinaabeg people. Certainly, given the context of colonization, this is not entirely our fault. But if we choose to not actively change our ill health trajectory, we are participating in the continuation of colonialism.

We started the 4Vitality Kettle Bell Training Program guided by our vision and determination. We used our own seven kettle bells, which was all the equipment we had at the time, and fostered our commitment to physically train our urban community. Through the support of the UAHLPP, our class now has access to thirty kettle bells and other gym equipment. Our class size ranges from our core group of twelve to upwards of twenty-five class participants. There were times where only one person would show up to class, but we still trained that individual; this speaks to the passion and commitment we have to kettle bell training and our class participants, which adds to the success of 4Vitality. We offer the following five recommendations that may assist others who wish to build a physical activity program in their community.

Recommendations:

1. Commit yourself and your skill to your community: Always show up, always teach, no matter what. Doing this will build a core group of class participants.
2. Find people in the community to connect with: Building relationships can bring more class participants and potential resources for physical activity equipment.
3. Leave ego out of it: Volunteering is about enacting our ethic of reciprocity, it is not about self-promotion.
4. Mentor your class to achieve their goals: Whether your class participants have a weight loss goal or they want to become a certified trainer, your role is to mentor them to achieve it.
5. Create a welcoming space for all people: Do not limit who you will train. A great coach fosters an environment where all people can benefit from the workout: from young children to older people, from people who may have a disability or an injury. All people should be able to train safely with a scaled workout.

To conclude, Indigenous health researchers have noted that transformative ideas are needed from Indigenous community members themselves to address our ill health statistics (Reading, 2009). By sharing our story of our 4Vitality Kettle Bell Training Program, we hope to have shown that Indigenous community members supporting each other can indeed, address the

effects of colonialism on our physicality. We believe that a commitment to physical activity will greatly assist in strengthening our community members to become healthy, who, in turn, will positively impact the rate of diseases in our community; our physical resurgence as an act of decolonization will ultimately lead to regenerating us back into healthy Indigenous people.

References

- Alfred, T. (2005). *Wasase: Indigenous pathways of action and freedom*. New York, NY: Broadview Press, Ltd.
- Dapice, A. (2006). The medicine wheel. *Journal of Transcultural Nursing*, 17(3), 251-260.
- Fung, B. & Shore, S. (2010). Aerobic and anaerobic work during kettle bell exercise: A pilot study. *Medicine and Science in Sport and Exercise*, 42(5), supplement 1, 834.
- Garner, R., Carriere, G., Sanmartin, G. & the Longitudinal Health and Administrative Data Research Team. (2010). The health of First Nations living off-reserve, Inuit, and Metis adults in Canada: The impact of socio-economic status on inequalities in health. Statistics Canada. Retrieved from www.statcan.gc.ca/pub/82-622-x/82-622-x2010004-eng.pdf.
- Gilliland, S., Perez, G., Azen, S., Carter, J. (2002). Strong in body and spirit: Lifestyle intervention for Native American adults with diabetes in New Mexico. *Diabetes Care*, 25(1), 78-83.
- Goulet, L., Linds, W., Episkenew, J., & Schmidt, K. (2011). Creating a space for decolonization: Health through theatre with Indigenous youth. *Native Studies Review*, 20(1), 89-113.
- Health Canada. (2006). Healthy Canadians—A federal report on comparable health indicators. Retrieved from <http://www.hc-sc.gc.ca/fniah-spnia/diseases-maladies/index-eng.php>.
- Johnston, B. (1976). *Ojibway heritage*. Toronto, ON: McClelland & Stewart.
- Katzmarzyk, P. (2008). Obesity and physical activity among Aboriginal Canadians. *Obesity*, 16, 184-190.
- Kelm, M.E. (1998). *Colonizing bodies: Aboriginal health and healing in British Columbia 1900-50*. Vancouver, BC: UBC Press.
- Lake, J. & Lauder, M. (2012). Mechanical demands of Kettle bell swing exercise. *Journal of Strength and Conditioning Research*, 26(12), 3209-3216.
- Lavallee, L. & Levesque, L. (2013). Two-eyed seeing: Physical activity, sport, and recreation promotion in Indigenous communities. In J. Forsyth & A. R. Giles (Eds.), *Aboriginal peoples & sport in Canada: Historical foundations and contemporary issues*. (pp. 206-224). Vancouver, BC: UBC Press.
- Manocchia, P., Spierer, D.K., Lufkin, A.K., Minichiello, J., & Castro, J. (2013). Transference of Kettle bell training to strength, power, and endurance. *Journal of Strength and Conditioning*, 27(2), 477-484. doi: 10.1519/JSC.0b013e31825770fe.
- Memmi, A. (2006) *Decolonization and the decolonized*. Minneapolis, MN: University of Minnesota Press.
- Miller, J.R. (1991). *Skyscrapers hide the heavens: A history of Indian-White relations in Canada*. Toronto, ON: University of Toronto Press.
- Mohanty, C. (2003). *Feminism without borders: Decolonizing theory, practicing solidarity*. London, UK: Duke University Press.
- Mundel, E., & Chapman, G. (2010). A decolonizing approach to health promotion in Canada: The case of the urban Aboriginal community kitchen garden project. *Health Promotion International*, 25(2), 166-173.
- Narayan, K.M., Hoskin, M., Kozak, D., Kriska, A.M., Hanson, R.L., Pettitt, D.J, Nagi, D.K., Bennett, P.H., & Knowler, W.C. (1998). Randomized clinical trial of lifestyle interventions in Pima Indians: A pilot study. *Diabetic Medicine*, 15, 66-72.
- National Centre for Indigenous Excellence. (n.d.) Retrieved from <http://ncie.org.au/home#/home/our-story>. Accessed January 4, 2015.

- Ontario Federation of Indigenous Friendship Centres. (n.d.). Retrieved from <http://ofifc.org/about-friendship-centres/programs-services/health/urban-aboriginal-healthy-living-program>. Accessed March 15, 2014.
- Public Health Agency of Canada. (2011). Diabetes in Canada: Facts and figures from a public health perspective. Retrieved from <http://www.phac-aspc.gc.ca/cd-mc/publications/diabetes-diabete/facts-figures-faits-chiffres-2011/chap2-eng.php>.
- Reading, J. (2009). The crisis of chronic disease among Aboriginal people: A challenge for public health, population health and social policy. Retrieved from <http://www.uvic.ca/research/centres/cahr/>.
- Royal Canadian Mounted Police, (2014). National operation overview on missing and murdered Aboriginal women. Retrieved from <http://www.rcmp-grc.gc.ca/pubs/mmaw-faapd-eng.htm>
- Ries, A., Gittelsohn, J., Voorhees, C., Roche, K., Clifton, K., & Astone, N. (2008). The environment and urban adolescents' use of recreational facilities for physical activity: A qualitative study. *American Journal of Health Promotion*, 23(1), 43-50.
- Schnettler, C., Porcari, J., Foster, C., & Anders, M. (2010). Kettlebells: Twice the results in half the time? *American Council on Exercise (ACE) Fitness Matters*, 6-11. Retrieved from: www.acefitness.org/getfit/studies/kettlebells012010.pdf.
- Smith, L. T. (1999) *Decolonizing methodologies: Research and Indigenous Peoples* (2nd ed.). New York, NY: Zed Books.
- Toth, E., Cardinal, K., Moyah, D., & Ralph-Campbell, K. (2005). Perspectives in practice: Partnerships to address the diabetes epidemic in Aboriginal communities in Alberta. *Canadian Journal of Diabetes*, 29(4), 415-419.
- Wilson, A.C. (2004). Reclaiming our humanity: Decolonization and the recovery of Indigenous knowledge. In D. Abbott Mihesuah & A. Cavender Wilson (Eds.), *Indigenizing the academy: Transforming scholarship and empowering communities* (pp. 71-82). Lincoln, NE: University of Nebraska Press.
- Wilson, W.A. & Yellow Bird, M. (Eds). (2005). *For Indigenous eyes only: A decolonization handbook*. Sante Fe, NM: School of American Research Press.
- Wilson, W.A., & Yellowbird, M. (Eds). (2012). *For Indigenous minds only: A decolonization handbook*. Sante Fe, NM: School for Advanced Research Press.

¹ A kettle bell is a weight held by one or both hands to perform a series of movements, such as the swing, snatch, clean and press etc. It was created in Russia and gained popularity in Canada through Shawn Mozen of Agatsu, Inc. There are two styles of training with kettle bells, long cycle and hard style. Long cycle training uses a slower pace with movements and fosters endurance and strength. Hard style training focuses on power, speed, and explosive strength. For more information on kettle bell training, please see <http://www.kettlebellscience.com/> and/or www.agatsu.com.