The Ruling of Weight:

An institutional ethnography exploring the work of growing up in a larger body

by

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Abstract

Childhood obesity is a key target of public health intervention and research. However, dominant weight and health discourses shaping public health efforts tend to reduce obesity to a case of too many calories and too little exercise. For decades, researchers have highlighted how overly simplistic framing of obesity as a personal responsibility has worsened weight stigma—the labelling, stereotyping, prejudice, and discrimination of people in larger bodies—in Canada and other Western countries. Experiencing weight stigma early on can adversely affect children's physical, mental, and social health into adulthood, contributing to increased morbidity and mortality at the population level. Yet, young people have had few opportunities to share learnings from their lived experiences or propose recommendations for weight stigma reduction. Further, the focus of most weight stigma research has been confined to the individual level (i.e., attitudes and beliefs), overlooking how social structures (i.e., institutional policies and practices) coordinate people's everyday lives.

To fill this literature gap, I uncovered the social organization of young people's work of growing up in larger bodies, using Dorothy Smith's institutional ethnography (IE) as my method of inquiry. As per Smith, work was defined generously as any activity requiring thought or intention. Smith designed IE to reveal ruling social structures which, hidden from individuals at the standpoint location, organize their local experiences. Embedded throughout IE is a pragmatic concern to help actual people better understand the world in which they live. To do this, we map out *how* something happens, as opposed to abstracting or theorizing *why*. In this study, I conducted individual in-person interviews with my standpoint informants: 16 young people (14 young women, 2 young men) aged 15-21 who had grown up in larger bodies, chiefly recruited from University of Alberta undergraduate student listservs. In our conversations, I asked open-

ended questions like "what did it feel like to grow up in your body?" To supplement interview data, I analyzed weight-related talk in 45 YouTube videos on body image alongside two research assistants. Data generation and analyses (coding, mapping, writing narrative accounts) were concurrent and iterative processes. Preliminary analyses suggested gendered aspects of informants' experiences; therefore, I decided to dive deeper into young women's accounts, conducting five group interviews with five young women aged 18-21, who were also previous interviewees. Here, I used member reflection to gauge informants' reactions to initial analyses, ensuring we were generating meaningful data that accurately reflected their experiences, always keeping my standpoint informants in view. In these groups, we also created recommendations for parents, educators, and healthcare providers about navigating weight-related issues with young people, which were disseminated as infographics and an open letter.

I wrote three manuscripts detailing IE findings. First, I investigated the social organization of young people's body weight surveillance work, paying particular attention to how health and weight discourses shape institutional policies and practices in the home, healthcare, and education. Second, I analyzed how young women's weight work (e.g., dieting) was socially organized by text-mediated discourses in media and fashion. Noticing the lack of larger bodies in these industries, young women learned what their bodies were "supposed" to look like. Third, I reflected on my experiences using IE in collaborative research with young people, discussing the strengths, limitations, and innovation that can result from fostering spaces for their critical engagement and empowerment. While many researchers have examined weight stigma as a theoretical construct, by using IE I was able to show how it *actually* happens, deconstructing it. I mapped out how local, taken-for-granted activities, like regular self-

weighing, were coordinated by institutional policies and practices, like classroom teaching on the body mass index.

I recommend that public health researchers and practitioners pay closer attention to the seemingly mundane, everyday practices in homes, schools, healthcare, fashion, and media which perpetuate weight stigma in ways that we may not have been previously aware. We have an ethical responsibility to constantly reflect on our attitudes, beliefs, and practices to avoid unintentionally enforcing oppressive ruling relations, as we all play a role in maintaining the status quo. Future research should continue to engage and listen to young people in larger bodies to disrupt and transform the stigmatizing weight and health discourses that shape their everyday lives.

Preface

This thesis is an original work by Alexa Ferdinands. The research study discussed herein (Pro00083377) received ethical approval from the University of Alberta Research Ethics Board on November 8, 2018 under the project name, "A participatory exploration of young people's experiences growing up in bodies labelled as overweight or obese." An amendment was approved October 8, 2019 and a renewal was approved September 8, 2020.

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Research participants, thank you for your generosity, courage, and trust in me with your stories. I learned so much from talking with you—including that we have a long way to go in tackling weight stigma. Our conversations were undoubtedly the highlight of doing this research.

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Chapter 1 – Introduction

This dissertation presents a series of three research papers that broadly investigate the social organization of young people's work of growing up in larger bodies[1] using institutional ethnography (IE). In the following pages, I take up relevant literature to show how the topics of weight and health are known in particular ways by particular people, providing context for my research purpose and approach. To close this chapter, I explain how the remainder of this dissertation will be structured.

Weight Stigma in Youth

I was first exposed to the concept of weight stigma as a dietitian working in a weight management clinic. By "weight stigma," I am referring to the "social devaluation and denigration of individuals because of their excess body weight, [which] can lead to negative attitudes, stereotypes, prejudice, and discrimination" (Rubino et al., 2020, p. 493). For the patients I worked with, weight stigma had been a taken-for-granted element of their everyday lives since childhood. Weight stigma is highly prevalent in Canada and other Western countries where society emphasizes personal responsibility for managing one's weight and health, despite ample research demonstrating that the causes of higher weight are manifold (Rubino et al., 2020). Approximately one-third of children in Canada have overweight or obesity[2] (Statistics

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[1] Experts from the Harvard Strategic Training Initiative for the Prevention of Eating Disorders suggest the neutral term "living in larger bodies" may "be helpful in promoting collaboration and inclusive communication across fields" (Hart et al., 2020, p. 3). In this dissertation, I use various terms to describe body weight, but tend not to use biomedical terms presupposing a desirable body weight like overweight and obesity, except when matching the language used in a cited study or by a research participant. Like Gard (2016), I do not use scare quotes around obesity, as part of critical weight tradition, to resist "orthodoxies of obesity science or of fat studies scholars" (p. 249).

[2] As defined by body mass index (BMI) standards for children from the World Health Organization (de Onis et al., 2007). BMI is calculated by dividing body weight (kilograms) by height (metres) squared.

Canada, 2015); these children are prone to facing weight stigma in myriad forms across their lifespan. Stereotypes about higher weight children and youth include character traits like being lazy, unintelligent, greedy, and mean (Puhl & Latner, 2007). Even at young ages (as early as 32 months (Ruffman et al., 2016)), children have been shown to prefer thin individuals over those in larger bodies (Harrison et al., 2016; Marx et al., 2019). Their socialization from infancy makes this way of knowing bodies intrinsic—it is just how it is.

Weight stigma exists in nearly all domains of young people's lives (e.g., home, school, media, interpersonal relationships) (Puhl & Lessard, 2020). Its expression can be subtle, like social exclusion, or overt, like verbal teasing. Weight is consistently reported to be the primary reason that young people are teased and bullied at school (Puhl & King, 2013). The patients I counselled as a dietitian vividly recalled their decades-old experiences being bullied at school, and now feared the same fate for their own children. Unfortunately, such fear can trigger weight stigma at home. Despite having the best intentions, parents' comments about their child's weight can come across as hurtful. Parents may consider it their responsibility to "correct" their child's weight, unknowingly using futile tactics rooted in fear and shame to encourage healthy behaviours (Berge et al., 2015; Ruiter et al., 2014; Thomas et al., 2014). Parents have been shown to both implicitly and explicitly stigmatize children in larger bodies (Lydecker et al., 2018). Consequently, children may consider their self-worth to be dependent on their weight (Brun et al., 2020).

Puhl and Lessard (2020) recently published a narrative review summarizing the literature on weight stigma in youth across sociodemographic groups. This article provided an update to Puhl and Latner's (2007) comprehensive review. Puhl and Lessard (2020) draw attention to how weight stigma's negative impacts can be exacerbated when young people simultaneously face

other forms of stigma, such as that related to gender and race. Regarding gender differences, some studies in their review showed that girls were subject to more weight teasing than boys (Kenney et al., 2017; Puhl et al., 2017; Salmon et al., 2018), while other studies had mixed findings (Himmelstein & Puhl, 2019; Juvonen et al., 2017). Puhl and Lessard (2020) note that research on racial and ethnic differences is similarly inconclusive, but significantly less research has been done regarding racial and ethnic differences than gender differences (Eisenberg et al., 2019; Juvonen et al., 2017; Morales et al., 2019). Recent evidence has underscored the especial vulnerability of sexual and gender minority youth to weight stigma. For example, in a study of American LGBTQ (lesbian, gay, bisexual, transgender, queer/questioning) youth ($N = 9261$), more than half reported weight teasing from family (Eisenberg et al., 2020). Beyond reviewing the existence and prevalence of weight stigma, Puhl and Lessard (2020) also explore how weight stigma "gets under the skin" to influence health. Though the adverse physical, mental, and social health effects of weight stigma are well-documented in the scholarly literature, they remain largely hidden from public view, being confined to academics rather than reaching professionals and the public who too are complicit in maintaining the status quo.

Health Consequences

Physical. Many of the physical health consequences commonly associated with obesity, such as hypertension and insulin resistance, have also been associated with weight stigma, even after controlling for BMI (Puhl & Latner, 2007; Rosenthal et al., 2013). However, overall evidence regarding weight stigma and cardiometabolic risk factors in young people has been mixed. For instance, Takizawa et al. (2015) observed in their longitudinal study that young people who experienced weight stigma were more susceptible to developing type 2 diabetes and cardiovascular disease in adulthood. But in more recent cross-sectional research, Schvey et al.

(2020) observed no association between weight-based teasing in youth and cardiometabolic risk factors. Among adults, it is known that weight stigma can elicit a biochemical stress response (Pearl et al., 2017), evidenced by higher levels of circulating C-reactive protein (Sutin et al., 2014) and cortisol (Jackson et al., 2016). However, these physiological mechanisms have been lesser explored in young people. Concerning weight stigma's effects on health behaviours, a range of cross-sectional and longitudinal studies with population-based and clinical samples of youth and adults have demonstrated that experiencing weight stigma can lead to increased food intake, unhealthy food choices, decreased physical activity, and increased weight gain over time (Hunger & Tomiyama, 2014; Major et al., 2014; Puhl et al., 2017; Quick et al., 2013; Schvey et al., 2011).

Mental. Weight-based teasing in youth has been associated with reduced self-esteem, depression, social anxiety, loneliness, and increased reports of suicidal ideation and suicide attempts (Juvonen et al., 2017; Quinlan et al., 2009; Warkentin et al., 2017). Interestingly, merely being exposed to weight stigma can adversely affect youths' mental health and promote body dissatisfaction, even if they are not the immediate target (Eisenberg et al., 2017; Puhl & Lessard, 2020). Pierce and Wardle (1997) found that nine- to 11-year-old children with obesity who attributed their weight to controllable factors (e.g., overeating, insufficient exercise) had lower self-esteem than children who attributed their weight to external factors (e.g., genetics, medical status). Their findings stress the significance of weight stigma internalization; that is, the "process of acknowledging negative weight-based stereotypes and applying these to one-self, engaging in self-blame and self-devaluation for weight" (Puhl and Lessard, 2020, p. 404).

Social. Childhood and adolescence are key developmental periods for relationship formation. Compared with youth of lower body weight, higher weight youth are at increased risk of

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relational, verbal, cyber, and physical victimization (Waasdorp et al., 2018). Children and youth in larger bodies are more likely to be socially rejected by peers, have fewer friends (and friends they do have may be less emotionally supportive (Ames & Leadbeater, 2017)), and are less likely to be considered "popular" compared to those in smaller bodies (Ettekal et al., 2019; Harrist et al., 2016). Social isolation and marginalization also reduce opportunities for romantic relationships in adolescence (Ames & Leadbeater, 2017). Notably, research has shown that girls who were teased about their weight growing up were more likely to later have a romantic partner who regularly commented negatively on their weight (Eisenberg et al., 2011). Unlike other social groups that are stigmatized and display positive "in-group" preferences (Tajfel & Turner, 1986), young people with obesity may find little support or protection among peers with obesity who may also exhibit weight stigma (Wang et al., 2004).

Academic Consequences

The academic consequences of weight stigma largely stem from its social repercussions documented above (Lessard & Juvonen, 2020; Nutter et al., 2019). A growing body of research indicates that academic difficulties, including receiving lower grades, stem from experiencing or anticipating weight stigma (e.g., weight-related bullying) rather than weight status itself (Lessard et al., 2020; Livermore et al., 2020; Martin et al., 2017). Teachers have reported that higher weight students participate less in the classroom to avoid possible teasing and bullying from peers (Kenney et al., 2017). Further, teachers may perceive higher weight students as being less intelligent (Kenney et al., 2017). Biased treatment in education, a social determinant of health, can contribute to the health inequities stemming from weight stigma (Clair et al., 2016; Hatzenbuehler et al., 2013).

Weight and Health Discourses

The above weight stigma research was conducted from a specific discursive standpoint with unique underlying assumptions—chiefly, that higher weight status has been incorrectly framed as a moral failing and individual responsibility, with significant health and social implications. If we wish to effectively intervene on weight stigma at a population level, it is important to reflect on how this body of work is situated in relation to other weight and health discourses. According to Canadian sociologist Dorothy Smith (2005),

> discourse refers to translocal[3] relations coordinating the practices of definite individuals talking, writing, reading, watching, and so forth, in particular local places at particular times. People *participate* in discourse, and their participation reproduces it. Discourse constrains what they can say or write, and what they say or write reproduces and modifies discourse. (p. 224, emphasis in original)

Taking note of the discourses shaping weight and health literature is critical for understanding how they are activated through people's daily practices in institutional settings like school, healthcare, and the home. Dominant discourses render young people in larger bodies objects to be stigmatized.

Michael Gard (2011), a critical weight scholar, has written extensively about the various health and weight discourses. He groups them into two broad categories: obesity alarmism and obesity skepticism. People who participate in obesity alarmism tend towards positivism and frame obesity as a grave health issue that individuals are responsible for avoiding under their own volition, perpetuating biomedical ways of knowing weight. People who participate in

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[3] From the perspective of institutional ethnographers, our goal is to empirically trace connections between what happens *here* (the "local") and what happens in translocal places *there* (Bisaillon, 2012a).

obesity skepticism, on the other hand, refute the hyperbolic notion of an "obesity epidemic". They reject obesity statistics, presuming that science and medicine are oppressive "institutions that embody a range of biases," including a preoccupation with morality over health (Gard, 2011, p. 140). Obesity skeptics suggest that the obesity epidemic was socially constructed to perpetuate inequalities and discourses of power, illustrating fat bodies as the epitome of disobedience and unproductivity—a failure in following social rules (LeBesco, 2011; Rich & Evans, 2005; Wachs & Chase, 2013).

These contrasting discourses are reflected in approaches to (and criticisms of) weight-related public health interventions. Unfortunately, many public health actions over the past several decades have unintentionally worsened weight stigma (Richmond et al., 2020). A classic example is the 2012 Strong4Life childhood obesity campaign in the state of Georgia which included dehumanizing images and text such as, "He has his father's eyes, his laugh and maybe even his diabetes" (CNN, 2012). This campaign was intended to scare children and their parents away from obesity. Another oft-cited example of a stigmatizing childhood obesity intervention is the dissemination of student BMI report cards to parents—a practice still employed in the United States (Madsen et al., 2020). These two examples reflect the assumption entrenched in dominant weight discourses that obesity is under an individual's control. The World Health Organization's (2016) Commission on Ending Childhood Obesity, the American Academy of Pediatrics, and The Obesity Society (Pont et al., 2017) have all recognized the detrimental role of weight stigma in childhood obesity prevention efforts. The World Health Organization's (2016) Commission on Ending Childhood Obesity asserted that governments have a moral duty to address weight stigma on behalf of children, for neglecting to do so will harm the health and social capital of the next generation. Weight stigma must be addressed alongside any childhood obesity intervention

efforts to counter discourses which consistently frame fatness in a disparaging light (Gillborn et al., 2019).

Weight Stigma Interventions

Puhl and Brownell (2001) published the first review of weight stigma literature twenty years ago. Little progress has been made since that time. Weight stigma reduction interventions to date have been only modestly successful (Alberga et al., 2016; Danielsdottir et al., 2010; Lee et al., 2014). This might be because interventions thus far have generally been limited to the individual level of the socio-ecological model, while weight stigma exists and is reproduced across interpersonal, institutional, and policy levels as well (Clair et al., 2016). The authors of a qualitative review (Danielsdottir et al., 2010), meta-analysis (Lee et al., 2014), and systematic review (Alberga et al., 2016) on weight stigma interventions all reiterated the need for more rigorous, multi-level intervention research. Few studies have used randomized or experimental designs with pre- and post-test measures, limiting the interpretability of any results that are reported, particularly for studies with no comparison groups. Variation exists in the instruments used to measure weight stigma, making it difficult to compare results across studies. These reviews further highlight the lack of studies considering behavioural changes; most studies have focused on cognitive or attitudinal changes (Alberga et al., 2016; Danielsdottir et al., 2010; Lee et al., 2014). Interventions typically have been founded upon either attribution theory, which posits that negative stereotypes stem from attributing other people's life situations to matters of personal responsibility, or social consensus theory, which describes the function of perceived group consensus in the manifestation of bias (Danielsdottir et al., 2010; Lee et al., 2014; Puhl & Brownell, 2003). As per Alberga, Pickering, et al. (2016), "It is likely that true change requires a change in social norms and the underlying dominant ideologies about weight" (p. 185).

Rationale

As a public health researcher and dietitian, I felt uncomfortable with the possibility of harming, rather than helping, others in my weight-related research and practice. I was particularly concerned with how this phenomenon unfolded in young people's lives, given their relative lack of power in policy decision-making compared to adults. It is well acknowledged that adverse experiences in childhood and adolescence, formative time periods, can negatively influence health well into adulthood (Williamson et al., 2002).

My undergraduate dietetics training was grounded in biomedical ways of knowing the world. But I observed a disjuncture between what I knew about weight and health from my formal education, and what I knew about weight and health from patients, friends, family, and colleagues in larger bodies. These contradictions became impossible for me to ignore. Evidently, there was more complexity to this simplistic narrative than I had previously been aware. Prominent researchers around the globe have been wrestling with this same disjuncture, as was recently highlighted in an international consensus expert statement that aimed to "address the gap between stigmatizing narratives around obesity and current scientific knowledge regarding mechanisms of body weight regulation" (Rubino et al., 2020, p. 486). With the number of resources dedicated to taking action on childhood obesity, it makes sense that we simultaneously ensure these tactics do not further weight stigma. In order to effectively mitigate weight stigma, we must attain a comprehensive understanding of how this stigma plays out in people's lives. To do so entails valuing experiential knowledge in a way that I had not done in my earlier dietetics training and practice.

Reflecting on how power and weight stigma are interrelated is central to this process of understanding. Power enables dominant classes to depict "reality" in a way that is understood by

subordinate classes as common sense, despite this depiction solely serving the interests of dominant classes (in this case, the thin) (Kilgore, 2001). The thin are endowed with ruling authority, not because of unique expertise, but because they seemingly represent the power of governing institutions. But, the practices that make that ruling possible are not readily apparent. The empirical evidence documenting weight stigma and its harms is largely inaccessible to the public, confined to the walls of the ivory tower. To discern these ruling practices, we must shift our gaze to observe how power enters into what people do in their everyday lives (Campbell & Gregor, 2002). Such an ontological shift (Smith, 2005) requires that we question the taken-for-grantedness of the thin ideal.

Concerningly, young people in larger bodies are not sufficiently represented in the weight-related literature talking about them (Bardick, 2015). Messner and Musto (2014) note that "missing from the debate is an understanding of how kids experience being at the nexus of the obesity debates, targeted by social policies … aimed at getting them to 'take responsibility' for their own health and bodies" (p. 116). Instead, proxy information is often sought out from adults (Darbyshire et al., 2005). Taking such a normative, adultist approach overlooks the innovation that can emerge from working with children and youth, who "often frame problems—and solutions—differently from adults" (Brydon-Miller et al., 2011, p. 5). Young people have a right to participate in research that directly affects their livelihood and well-being, and we have a duty to protect them as a priority population. Adolescence in particular is a key age group, for not only do youth increasingly gain independence, but they also comprise the next generation of parents and policymakers (Norwegian Institute of Public Health, 2018).

As per Boni (2020), "We should strive to understand children's daily practices, embedded experiences and emotions rather than rely on detached ideals of health, rational choice

perspectives and one-size fits-all solutions" (p. 9). That said, young people likely do not perceive the subtle ways in which their experiences of weight stigma are made invisible. Though listening to young people's stories is an important place to start, we must also leap beyond these minutiae and turn to an investigative technique that goes further than the immediately observable.

Research Purpose

The overarching aim of this thesis was two-fold. It aimed to:

i) Explicate the social organization of young people's work[4] of growing up in larger bodies *(Chapters 2 and 3)*; and

ii) Contribute to the qualitative methodological literature on using IE in collaborative health research with young people *(Chapter 4).*

Research Approach: Institutional Ethnography

Institutional ethnography is an approach to inquiry developed by Dorothy Smith (1987), which she introduced in her seminal text, *The Everyday World as Problematic*. I was drawn to this approach for many reasons, including its pragmatism and concern for actual people and the actual world, which looks different from different standpoints (Smith, 2005). An IE project starts by identifying a disjuncture between someone's experiential knowledge (local experience) and ideological knowledge (taken-for-granted assumptions of what is happening), and then, attempting to map out how this disjuncture came to be, as coordinated by "ruling relations". Ruling relations are a focal point of IE, described as the "socially-organized exercise of power that shapes people's actions and their lives," often without them knowing (Campbell & Gregor, 2002, p. 32). Institutional ethnographers aim to make the ruling relations visible for those whose interests they wish to serve, which in this project, was young people in larger bodies.

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[4] In IE, work is understood in a generous sense, to include any activity requiring intentional thought and action, being "organized to coordinate in some way with the work of others" (Smith, 2005, p. 46).

I used qualitative methods in this IE, which allowed me to closely follow the thread of inquiry, seeking out further information in response to my informants'[5] stories to craft an accurate, nuanced understanding of the phenomenon of interest (Mayan, 2009). Within informants' stories, I looked for descriptions of their work practices, which are regulated by texts (Smith & Turner, 2014). In IE, texts are not just understood to be written documents, but anything that can be replicated across time and space. For example, texts could include images or videos on social media, graffiti in schools, or anti-bullying policies. Examining the social, active character of texts is fundamental to IE. The organized character of institutions, like education and healthcare, depends on texts to coordinate institutional courses of action in local settings. The relative permanence and static nature of texts bestows them a powerful role in their ability to affect action across time and space; texts speak in the absence of speakers. I investigated the texts that were implicated by my informants according to how they sequenced activity in relation to their experiences (Smith & Turner, 2014). For instance, I sought out disjunctures between how policies are felt or what they do and what they state they are supposed to do.

Notably, both ontological (what we know) and epistemological (how we know what we know) shifts are required from institutional ethnographers. In her development of IE, Dorothy Smith (1987) suggested that a radical restructuring of traditional approaches to sociology was required to bring people back into view in research. Rather than doing research *about* people as objects, institutional ethnographers strive to do research *for* and *with* people on matters that concern them in their everyday lives. Specifically, the ontological shift refers to how we begin our inquiry in an embodied standpoint in a material world, rather than abstract theory, and attempt to map out how people's local activities are coordinated by ruling relations (Kearney et al., 2019).

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[5] In IE, the term "informant" is traditionally used in lieu of "participant" to emphasize that the role of informants extends beyond mere participation; informants are experts informing the researcher of their work knowledge.

The epistemological shift refers to the focus on a reflexive, experiential way of knowing the world, as opposed to a reverence for supposedly objective or ideological accounts as "truth" (Kearney et al., 2019).

I was lucky to have attended five IE workshops over the course of my graduate studies which helped me to make these ontological and epistemological shifts: one with Dorothy Smith at Grant MacEwan University (March 2018); two at the Ontario Institute for Studies in Education at the University of Toronto with Dorothy Smith and Susan Turner (June and November 2018); one with Nicola Waters at the University of Alberta (June 2019); and one at the Society for the Study of Social Problems Annual Meeting (August 2019) in New York with Nicola Waters and Cathy Ringham. Meeting other students from around the globe grappling with IE was central to my learning; we turned to each other for help as we encountered bumps along the way in our research. Methodological details of my IE are explained in my manuscripts shared in *Chapters 2, 3*, and *4*.

My Research Problematic

A problematic in IE describes an unexplored territory that can only be unveiled by speaking with individuals at the standpoint location (Smith, 2005). It is framed around a specific disjuncture and helps to refine the path for inquiry. I chose to focus on the disjunctures between dominant weight discourses, which tend to be reflected in "official" texts like policies and mass media, and people's actual experiences of growing up in larger bodies. As mentioned previously, I came to know about the latter through my personal and professional experiences as a dietitian working with patients in larger bodies, in addition to the weight stigma and fat studies literatures. I was particularly worried about how public health messaging, that I myself may have been propagating, might harm young people's life chances—particularly since I did not grow up in a

larger body. By starting with young people's day-to-day work activities associated with growing up in a larger body, I began to explore how they knew to do this work, and how this local work was socially organized by translocal forces. Like George Smith and Dorothy Smith (1998), who explored the social organization of stigma experienced by gay students in schools, I paid attention to how stigma happened in concrete, observable ways. My concerns lay with how higher weight young people are objectified and stigmatized as "other" due to the thin ideal sociocultural context.

From this general problematic, I then divided my analytic attention between two unique, but interrelated, lines of inquiry. First, I examined how young people's body weight surveillance work was socially organized by health and weight discourses, in the context of the home, healthcare, and education. Second, I examined how young women's weight work was socially organized by text-mediated discourses in fashion and media. These distinct lines of inquiry are elucidated in *Chapters 2* and *3*. The findings of this dissertation as a whole were generated from individual interviews with 16 young women and men (aged 15-21), group interviews with five young women (aged 18-21), and a YouTube media analysis of 45 videos. I discuss how I acquired evidence for this empirical investigation in the following three chapters.

Structure of the Dissertation

This is a paper-based dissertation in which the three manuscripts comprising my dissertation research are presented as individual chapters, followed by a concluding discussion chapter. Though presented sequentially, the writing of these manuscripts was an iterative and overlapping process. *Chapter 2* is a prepared manuscript presenting a qualitative study of the social organization of young people's body weight surveillance work. *Chapter 3* is a prepared manuscript presenting a qualitative study of how young women's weight work is organized by

text-mediated discourses in fashion and media. *Chapter 4* is a prepared manuscript presenting methodological reflections on the process of conducting an IE using collaborative research methods with youth. *Chapter 5* is a concluding discussion chapter that summarizes and integrates the findings from earlier chapters, identifies strengths and limitations of the overall study, and offers recommendations for practice, policy, and research. This final chapter is followed by appendices including sample recruitment materials and interview guides. Cumulatively, the findings from this research fill a critical research gap regarding how weight stigma happens and shapes the everyday lives of young people in larger bodies.

Chapter 2 – The ruling of weight: An institutional ethnography exploring young people's body weight surveillance work

Introduction

The supposedly ever-rising prevalence of childhood obesity[6] has plagued media headlines since the 1980s (Ebbeling et al., 2002), rendering it a prime target of public health interventions around the world (World Health Organization, 2016). Given that the field of public health aims to improve the health of populations, particularly vulnerable subgroups like children, it follows that a focal point of public health attention has been on addressing this "epidemic" (World Health Organization, 2016). However, the continued framing of fatness as a public health issue has led to many unintended consequences, including stigma, prejudice, stereotyping, and discrimination of people in larger bodies (Puhl & Heuer, 2009; Puhl & Latner, 2007; Ramos Salas, 2015). Having "too much" fat tissue is portrayed as not just unhealthy, but also unsightly (Puhl & Heuer, 2010).

The work of "fixing" obesity is consistently positioned as an individual responsibility, despite ample evidence indicating weight loss is not always within an individual's control (and perhaps more importantly, that weight loss may not always improve health) (Rubino et al., 2020). Obesity science scholars have been accused of oversimplifying the nature of childhood obesity, "cherry picking odd bits of science" to support their agenda (Gard, 2011, p. 131). By failing to acknowledge this complexity, it becomes easier to make moral judgments about larger people due to their apparent unwillingness to ascribe to social weight and health norms.

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[6] I use a range of terms to describe body weight in this paper (e.g., big, large, fat, higher weight). I tend not to use overweight or obesity, biomedical terms presupposing a desirable body weight norm, but do use them when it is important to accurately represent informants' talk, public health policy, and the literature. Aligning with Gard (2016), I do not use scare quotes around obesity, part of critical weight tradition, to resist "orthodoxies of obesity science or of fat studies scholars" (p. 249).

A growing number of scholars have cited their concerns with popularized views on obesity, declaring that dominant weight discourses "mislead public health policies, confuse messages in popular media, undermine access to evidence-based treatments, and compromise advances in research" (Rubino et al., 2020, p. 7). One such scholar, Michael Gard (2011), grouped the contrasting views on obesity into two main camps: 1) those who perceive obesity as a serious public health problem warranting intervention (obesity alarmists), and 2) those who dismiss obesity statistics and perceive the "obesity problem" to be overblown (obesity skeptics). Obesity skeptics presume that the institutions of obesity science and medicine are oppressive forces "that embody a range of biases" (Gard, 2011, p. 140). They also draw attention to how dominant weight discourses affiliated with obesity science frame fat bodies as moral failures, exemplifying disobedience of social rules (LeBesco, 2011; Rich & Evans, 2005).

Like Gard (2011), I tend towards intellectual pragmatism in my understanding of obesity. I do not claim neutrality, but retain "an overriding scepticism towards alleged universal truths, be they scientific, religious, philosophical, or any other kind" (Gard, 2011, p. 6). That said, I am aware that biomedical, individualistic weight discourses still reign supreme in my discipline of public health. As a health promotion researcher, it is important to explore how these discourses impact the physical, mental, and social health of young people, particularly those in larger bodies.

Dominant weight discourses have normalized the blaming and shaming of bigger children and their parents, also known as "weight stigma" (Gorlick et al., 2021; Puhl & Latner, 2007). Children in larger bodies are stereotyped with a range of undesirable traits such as mean, lazy, or lacking self-control (Puhl & Latner, 2007). Higher weight children face social exclusion, verbal, cyber, or physical bullying from peers, and differential treatment by teachers who often

perceive them as less intelligent (Kenney et al., 2015; Puhl & King, 2013; Puhl & Luedicke, 2012). The physical, mental, and social health consequences of weight stigma for young people are vast (Greenleaf et al., 2014; Jendrzyca & Warschburger, 2016; Juvonen et al., 2017; Warkentin et al., 2017). For example, larger children are prone to developing mental health disorders, like anxiety and depression, in addition to type 2 diabetes and cardiovascular disease in adulthood (Goldfield et al., 2010; Takizawa et al., 2015). Seemingly subtle quips, or "microaggressions" (Pearl, 2018), can substantially impact people's health when accumulated across the lifespan.

While weight stigma research has underscored cause for concern for more than five decades (Cahnman, 1968), little progress has been made in addressing this public health issue. In order to align public health efforts with the best interests of young people, we need to better understand how weight stigmatizing experiences are coordinated to happen from their standpoint. Young people have expert knowledge in what it is like to grow up in bigger bodies; we must listen to and learn from them if we want to create lasting change.

Therefore, the purpose of this study was to explicate the social organization of young people's work of growing up in larger bodies. Here, work was understood in a generous sense to include any activity requiring intentional thought and action, being "organized to coordinate in some way with the work of others" (Smith, 2005, p. 46). Using institutional ethnography (IE), we[7] hoped to open up public health dialogue and prompt new ways of thinking about body weight.

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[7] "We" and "our" refer to this study's collaborative research team of academics and informants.

Methods

Institutional Ethnography

     Institutional ethnography is an alternative sociology conducted with the people whose interests it aims to serve, wherein researchers remain committed to political action (Smith, 1987, 2005, 2006). The focus of IE rests on institutions ("complexes embedded in the ruling relations that are organized around a distinctive function, such as education, healthcare, and so on" (Smith, 2005, p. 225)) rather than individuals. It is empirical in conduct—we do not solicit people's opinions or perspectives; we unveil things as they actually are. We begin from the standpoint of those whose social worlds we aim to explore, which here, are young people growing up in bigger bodies. A standpoint implies a specific social location, associated with unique knowledge, from which our inquiry begins (Smith, 2005). Texts facilitate entry into this social world, including anything that is replicable and can be viewed by people across time and space, such as social media images, policies, and videos (Smith & Turner, 2014), acknowledging that "there are empirically traceable connections between what happens here and what happens in extra- or trans-local places there" (Bisaillon, 2012a, p. 615). A boss text is "a text or set of texts that supplies the context for what we can see, hear, and know" (Bisaillon, 2012a, p. 610). Boss texts are those policies and documents that we "just know" about, possibly without having ever seen a physical copy (Smith & Turner, 2014). Finally, "ruling relations" refer to the textually-mediated social relations which "operate by replacing people's social experience with textual accounts of experience, which obscures and transforms what is known" (Bisaillon, 2012a, p. 618).

     I drew from a number of IE works to inform this study's design. In particular, I referred to G. W. Smith and D. E. Smith's (1998) and Khayatt's (1994) research into the school

experiences of gay and lesbian students. Through these works, I learned how to ask young people about their growing up retroactively. I also relied heavily on DeVault's (1994) *Feeding the Family* and Griffith and Smith's (2005) *Mothering for Schooling* in learning how to investigate invisible work. Finally, the exploration of discourses was guided by D. E. Smith's (1990a) chapter "Femininity as Discourse" in her classic text, *Texts, Facts and Femininity*, and the work of Ross et al. (2018) exploring the discursive organization of nurses' substance use practices.

Discourses

Dorothy Smith borrowed the concept of "discourse" from Foucault and developed it further by drawing upon Bakhtin's theory of speech genres to allow discourses to be investigated as a means of social organization (Smith, 1999, 2005). In IE, discourses are understood as translocal, social relations grounded in people's material practices. They are empirically investigable; they can be explored and deconstructed. McCoy (2006) wrote:

> What institutional ethnographers refer to as an institutional discourse is, therefore, any widely shared professional, managerial, scientific, or authoritative way of knowing (measuring, naming, describing) states of affairs that render them actionable within institutional relations of purpose and accountability. Far more than "jargon," these are conceptual systems, forms of knowledge that carry institutional purposes and reflect a standpoint within relations of ruling.
>
> In contemporary society, many institutional discourses are not esoteric or exclusive to trained insiders; they are moved into wider circulation through the mass media and popularizing literatures. (p. 118)

Because of dominant weight discourses, people in larger bodies may internalize weight stigma, coming to believe that they are indeed their stereotypes (Ramos Salas et al., 2019). Dominant discourses objectify and simplify myriad ways of knowing into taken-for-granted dichotomies of "true" and "false". Throughout the inquiry, I reflected on how these discourses were understood and taken up differently by different populations, such as people who do and do not live in larger bodies.

The Problematic

A problematic in IE describes an unexplored territory that can only be unveiled through speaking with individuals at the standpoint location (Smith, 2005). Establishing the problematic helps to refine the direction of inquiry. I chose to focus on the disjunctures between dominant weight discourses, which tend to be reflected in "official" texts like policies and mass media, and people's actual experiences of growing up in a larger body. I came to know about the latter through both the weight stigma and fat studies literatures, and my personal and professional experience as a dietitian working with patients with overweight and obesity. In light of my background and the levers available for potential practice and policy change, I was especially concerned with how public health messaging, that I myself may have been propagating, might affect young people's abilities to grow and thrive in larger bodies—particularly since I did not grow up in a larger body myself. By starting with young people's day-to-day work activities associated with growing up in a larger body, and clearly identifying those tasks, I could then begin to explore how they knew to do this work, and how it was socially organized by translocal forces. I expand on how I acquired evidence for such an empirical investigation below.

Data Generation

Recruitment.

In IE, the goal of recruitment is to learn from informants[8] about the work processes and

social coordination of a phenomenon (DeVault & McCoy, 2006). Because I was studying

institutions, not individuals, I was not interested in techniques enabling generalizable statements

about higher weight youth. Therefore, I focused on the diversity of experiences when picking

informants (DeVault & McCoy, 2006). After receiving ethics approval from the University of

Alberta Health Research Ethics Board, I recruited young people between the ages of 13-21 who

grew up in bodies labelled as overweight or obese (self-identified) in Edmonton, Alberta for one-

on-one interviews. I did not request informants' weights as I was focusing on their embodied

experiences of being in a larger body; precise measurements were irrelevant to my investigation.

At this age, informants were young enough that texts mentioned in our conversations, like school

or healthcare policies, would still be current. Additionally, G. W. Smith and D. E. Smith (1998)

and Khayatt (1994) used a similar age range when asking informants to reflect on earlier school

experiences. Other demographic variables, such as socio-economic position, household

composition, and ethnicity, were not included in eligibility criteria. That said, demographic

information was often revealed informally through interviews with informants when it was

relevant to our conversation.

I recruited informants purposefully through various means, including drawing upon the

social networks of Obesity Canada (2020a) ("the country's leading obesity registered charity

association") and the local youth council; putting up posters at health clinics, coffee shops,

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[8] In IE, the term "informant" is traditionally used in lieu of "participant". This choice emphasizes the expertise of
the person sharing their work knowledge. Rather than merely participating in the research, we are learning from
them, the experts.

libraries, public recreation centres, and across university campuses; and advertising through university student email listservs and a week-long Facebook recruitment campaign. Recruiting via the university student email listservs proved to be the most fruitful strategy, with almost all informants coming from this approach. There were two instances of snowball sampling wherein an informant recruited a friend or sibling.

Individual Interviews.

I spoke with a total of 16 young people with diverse life experiences (e.g., having grown up in various countries around the globe) over two months (March-April 2019). I developed a semi-structured interview guide aligning with the tenets of IE wherein I probed informants about what they know and do every day. This guide was grounded in preliminary literature reviews which suggested how, where, when, and with whom weight stigmatizing experiences may have occurred. The ethnographic grand tour question (Spradley, 1979) posed to informants was "how has it felt to grow up in your body?" I was curious about the trajectory of their experiences across the lifespan. Institutional settings explored in our conversations included, but were not limited to, the home, school, healthcare, and recreation. I remained flexible to the flow of conversation, building upon learnings from previous interviewees. The young people proved themselves to be articulate and reflective in their responses to my interview questions. Interviews were audio-recorded and varied in length from 43-88 minutes. They were conducted in different spaces based on informants' preferences, including an enclosed office on campus (for those who wanted privacy), coffee shops, a pub, and an informant's home. Informants were thanked for sharing their time and expertise with a $30 bookstore gift card.

Group Interviews.

Following the individual interviews, I conducted group interviews for deeper investigation and member reflection (Braun & Clarke, 2013). I limited participation to those whom I had interviewed individually, given their enthusiasm to contribute and familiarity with the investigation. I also limited the group to women owing to initial reflections on the individual interviews, which insinuated the phenomenon was gendered, afflicting girls and women differently than boys and men. Further, informants might have felt less comfortable sharing with people of other genders in the room. Eleven women cited interest in participating, but due to difficulties in arranging a mutually agreeable meeting time, only five could partake. Five group interviews were held between September 2019 and January 2020.

I facilitated the group interviews, which were designed to be informal. The first meeting was designed for participants to get to know one another, and to establish direction for moving forward. We agreed that conversations shared in the room, stayed in the room. Group interviews ranged from one to two hours long. We met in a building on campus they were familiar with for their convenience and comfort. Informants were compensated for their time and expertise with a $15 grocery store gift card, food, and beverages at each meeting attended.

For both the individual and group interviews, I audio-recorded and transcribed the interviews verbatim, recorded field notes after each interview, and kept a personal reflexive journal for writing about my own biases and day-to-day experiences related to the research topic.

Analytic Methods

Guiding analytic questions included, for example, what are people doing, what does their work feel like, and why do they do what they do (DeVault & McCoy, 2006)? Mykhalovskiy (interview, September 1999), as cited in DeVault & McCoy (2006) stated that in IE, "analytic

thinking begins in the interview. It's like an analytic rehearsal. I'm checking my understanding as it develops; I offer it up to the informant for confirmation or correction" (p. 23). I too followed this iterative process. I listened to the interviews repeatedly to ensure I was familiar with not just their words but also their tone. I read and re-read each transcript several times. Of particular importance was listening to how informants talked about what they were doing, seeking out organizing discourses in their speech. Ross et al. (2018) state, "Language is the door through which a researcher can enter into and uncover the discursive organization that is hidden within everyday activities" (p. 2). I concentrated on illuminating the disjunctures between official discourses and informants' lived experiences. I made sense of the data by developing an Excel database to index topics and quotes and wrote narrative accounts about each informant, who were assigned pseudonyms to protect their anonymity.

Rigor

I established and evaluated the rigor of my research by following Kiyimba et al.'s (2019) five quality criteria: transparency, reflexivity, transferability, ethicality, and integrity. I expand upon each component in relation to IE below.

Transparency is demonstrated when "the researcher clearly and convincingly shows *how* things are organized to happen in the material circumstances of people's day-to-day lives; where an explication of the ruling relations that shape or coordinate people's circumstances is produced" (Bisaillon, 2012b, p. 111, emphasis in original). I strove to clearly describe the research processes and discoveries, maintaining an audit trail to document decisions made (Mayan, 2009).

Smith (2006) implicitly referred to *reflexivity* when describing doing IE as "recognizing that you are always there, that what you discover is always seen, interpreted, heard, experienced

by you as you are situated historically in the ongoing, never-stand-still of the social" (p. 2). All aspects of the research were influenced by my researcher positionality (Mayan, 2009). This included reflecting on how certain aspects of my identity (e.g., profession, ethnicity, gender, body size) affected my relationship with the data, participants, and analysis.

Transferability occurs through uncovering generalizing social relations that organize local experiences. I did not aim for statistical generalizability, but rather, worked "to find and describe processes that have generalizing effects" (DeVault & McCoy, 2006, p. 18). Providing a thick description (Geertz, 1973) of the hooking up phenomena of institutional processes when writing up the data promoted such transferability (Mayan, 2009).

Ethicality was especially important in this study, given the sensitive topic and potential for power dynamics in working with young people. Written consent was obtained at each in-person interaction, and I observed informants' body language for nonverbal cues suggesting discomfort. I collated mental health resources should I have felt informants required further support after the interview. I reflected on my thin privilege in my aforementioned personal journal, considering how that might influence rapport building with informants, and what steps could be taken to make them comfortable in the interviews.

Integrity describes the commitment to "put personal experience into the centre of a trustworthy analysis" (Campbell, 1998, p. 56). It can be shown through detailing how, why, and what data were generated and analyzed, and precisely how informants' experiences hook up to the ruling relations. Data generation and analysis were iterative, in order that we understood what was being learned and what we needed to look for. I remained open to new ways of conceptualizing the phenomenon, recognizing that the data may demand to be treated differently than originally anticipated. Prolonged engagement with informants also helped to avoid forming

premature conclusions (Mayan, 2009). This was achieved through the use of individual interviews and group interviews, whereby meeting with some informants repeatedly increased the likelihood of generating rich data (Morse, 2015).

Findings

At the heart of IE is a commitment to beginning from the experiences of standpoint informants (Campbell, 1998). For context, demographic information is provided in Table 2.1. The country or countries (for informants who moved at some point during their childhood or adolescence) where informants grew up is noted, due to the influence of culture and geographical location on social norms around weight. Here I describe the youths' everyday work and explain how this work was interconnected with and coordinated by the day-to-day doings of key actors in their lives. Figure 2.1 illustrates the coordination of this work.

Table 2.1

Demographic Information

Pseudonym	Gender	Age (years)	Country/Countries of growing up
Amy	Woman	21	Canada
Angela	Woman	20	Romania, moved to Canada age 7
Bree	Woman	19	Mauritius, moved to Canada age 18
Brendan	Man	21	Canada
Christine	Woman	19	Canada
Eden	Woman	20	Canada
Elizabeth	Woman	19	Canada
Emma	Woman	20	Canada
Jane	Woman	18	Canada

Jasmine	Woman	19	Canada
Jessica	Woman	15	Canada
Lauren	Woman	19	Hong Kong, moved to Canada age 9
Maria	Woman	18	Mexico, moved to Canada age 9
Mark	Man	19	USA, moved to Canada age 9
Sarah	Woman	18	Kenya, moved to Canada age 17
Sharmeen	Woman	15	Canada

Figure 2.1

The Social Organization of Young People's Body Weight Surveillance Work
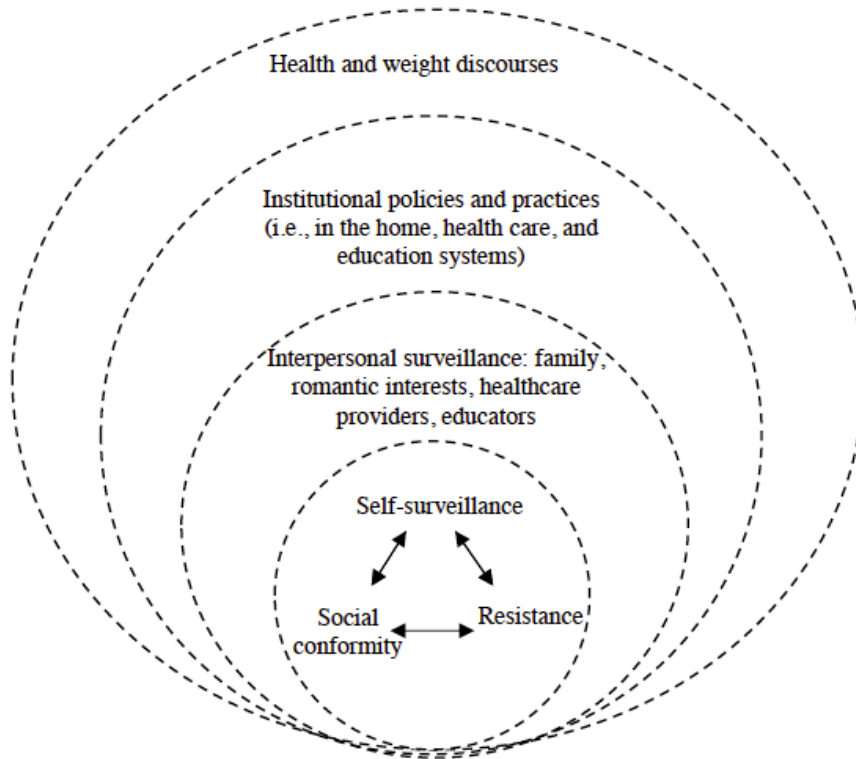
Youth Work: Weight Surveillance

Weight surveillance was a recurring thread across informants' accounts of their growing up. I use the term "weight surveillance" to refer to the objective (e.g., stepping onto a weight scale) and subjective (e.g., observing their reflection in a mirror) assessment and monitoring of body weight. Weight surveillance was conducted both internally (by themselves) and externally (by others around them). Weight surveillance work was the impetus for all other forms of work that follow in this paper. The Body Mass Index (BMI), a boss text, organized this work. According to the Centers for Disease Control and Prevention (2020), the BMI is:

> a person's weight in kilograms divided by the square of height in meters. A high BMI can be an indicator of high body fatness. BMI can be used to screen for weight categories that may lead to health problems but it is not diagnostic of the body fatness or health of an individual.

The BMI categories as outlined by the World Health Organization (2020) are: "underweight" (<18.5), "normal weight" (18.5-24.9), "overweight" (25.0-29.9), "obese class I" (30.0-34.9), "obese class II" (35.0-39.9), and "obese class III" (40.0 and over). I was surprised that all informants referred to, and were well-versed in, the BMI, despite not being probed about it. Emma accepted the BMI at face value:

> Like I'm not overweight. I am obese. You know what I mean? It's definitely a different thing. At my doctor's office there's a BMI scale and it's like underweight, healthy weight, overweight, or obese. And I'm in the obese category. I just feel like overweight … it's sugar-coating what I am.

Informants learned to pay attention to bodies through their interactions with others, where they discovered the ideological code of the "normal human body", a term introduced by Salmon

(2005) in the context of disability. Here I use this term in reference to body size and shape, wherein a "normal human body" is one with a BMI between 18.5-24.9. Smith (1999) defined an ideological code as "a constant generator of *procedures for selecting syntax, categories, and vocabulary in the writing of texts and the production of talk for interpreting sentences*, written or spoke, ordered by it" (p. 159, emphasis in original). She explained that "people pick up an ideological code from reading, hearing, or watching, and replicate it in their own talk and writing. They pass it along. Once ideological codes are established, they are self-producing" (Smith, 1999, p. 175). Standing in front of the mirror, young people interpreted their reflections through this ideological code.

Self-surveillance.

Self-surveillance work was taken-for-granted and unpaid; it subsumed youths' everyday lives, depleting their time and energy. Informants "just knew" to quantify and monitor their body size frequently. Self-surveillance activities included, but were not limited to self-weighing, sometimes up to multiple times a day; using body fat percentage scales; using tape measures to gauge the circumference of body parts like their waist; monitoring changes in clothing sizes; and gazing at their reflection in the mirror, often accompanied by physically touching their body to ascertain their fatness. Technological devices facilitated this self-surveillance work, with varying degrees of precision. While weight scales have been customary fixtures in North American bathrooms for the past century (Crawford et al., 2015), informants also referred to "higher-end" scales (e.g., FitBit™ scales) which measure body fat percentage, lean mass, and BMI in our conversations. Further, informants used technological tools like Fitbit™ fitness trackers and MyFitnessPal™ to monitor behaviours touted to affect body size, like diet and exercise.

Informants dreaded engaging in self-surveillance activities, but felt compelled to participate anyway. Lauren described this daily ritual:

[I'm] constantly looking at the mirror. I'm just checking, oh how much you know, physical fat did I lose? Like I would pinch my fat and see.

Social Comparison.

In addition to their own bodies, informants surveyed bodies around them: both in real life and on-screen (e.g., television, movies, social media). They compared their bodies to gauge whether they were "normal". This behaviour was showcased in the experience of entering a social venue, as Emma explained:

I'll walk into a room and my first thought is "am I the biggest person in here?" And the answer's usually "yes".

Informants that had grown up in larger bodies throughout their childhood knew their bodies were "different" from an early age. Eden said:

The first time I really started feeling self-conscious was like second grade probably. Up until then I didn't really notice it, but it was like then … you start playing dress up. And oh, well I can't fit into any of my friends' dress-up clothes 'cause they're all too small for me.

For many informants like Bree, they discovered their body size for the first time at school:

I started seeing a lot more … children around me and then I noticed that I was different. 'Cause if it's just like with your cousins and stuff it's like one, two people—you don't really notice it. You're like, well I'm me, you're you … it's when you start school then everyone is the same age, but not everyone is the same [size]. So why is she like very thin, why am I like twice her size? Something doesn't seem to really add up.

Jessica too never thought much about her body size until she started school:

> Before school … you're just kind of oblivious to … body image and everything. And
> you're just sort of living you, your life. And so I remember kind of not really even
> thinking much about it, just kind of indifferent towards all that kind of thing.

Interpersonal Surveillance.

The most consistent individuals conducting surveillance of informants' weights included healthcare providers, teachers, family, and romantic interests. When informants realized that those around them were monitoring their bodies, they learned to watch their bodies even more closely. In this way, self-surveillance and interpersonal surveillance were cyclical and mutually reinforcing. I illustrate how informants navigated these relationships and how these interactions were socially organized below.

Parents.

Parents played a vital role in monitoring young people's bodies. Familial relationships were often embedded in power dynamics between parents (adult authoritative figures) and their children (subordinates). For many informants, the institutional setting of the home was not a safe space. The power dynamics between adults and children were particularly poignant in informants' descriptions of their relationships with their mothers.

Mother-daughter Relationships.

All women informants described the strong influence that their mother had on their embodied memories of growing up, regardless of whether their mothers were physically present in their day-to-day lives or not. Amy mimicked her mother's close attention to bodies:

> She noticed bodies, so I noticed bodies. … I remember she would call my one fat friend
> "fat" and I was actually fatter than her.

Angela had minimal contact with her mother, being raised by her grandparents and father, so the few encounters that she did have with her were especially noteworthy:

> I barely ever see my mom but when I was like four, she would come and visit to Romania and she would always talk about how fat she was. Or how I needed to suck in my belly so my clothes would fit. And so I kind of internalized a lot of that.

Informants learned early on that their body size mattered to their mothers. Jessica described feeling like she had disappointed her mom because she could not achieve thinness. Sometimes as informants got older, they grew larger than their mothers. They felt that this was especially shameful when dainty and petite features were a cultural requirement for femininity. Christine explained this phenomenon:

> I come from a family of very petite Asian women. So I am taller than them, and I'm also larger than them. So my mom always was like "oh why are you so big? Like you're almost double the weight of me." And I'm like, "mom. It doesn't work like that." She's like 4'10 and she's barely a hundred pounds and she goes "you need to lose some weight" and I'm like "yeah mom, I'm trying". It's kind of hard though.

Jessica and Lauren noted the stress they endured as a result of growing up with a thinner sister, whom they perceived as a "model daughter". Lauren felt like the black sheep of the family, in that all of her family members were thin, and she was the only heavy one.

Mothers encouraged self-surveillance, keeping a weight scale easily accessible in the washroom. They monitored their daughters' weights by asking them frequently, sometimes daily, how much they weighed. If informants did not want to tell them, they pretended not to know. Informants were readily aware that weight loss would please their mom. Accordingly, as

Christine explained, the reverse was also true: if they regained weight, their mother would be disappointed.

> Lately I've been like losing a little bit of weight so my mom … she's so happy that I'm losing weight, she's like "this is a dream come true, I've wanted this all of my life."… I went to a family party yesterday and my mom was showing off to other people. Like "oh look how much weight Christine lost". And I'm like, well I mean it's not like I was angry about it. … My mom was like "you should be more proud of yourself because of what you've done". I'm like "you know, I don't think that weight should be the reason why you're happy for me".

Bree agreed with her in our group interview, recalling similar stories involving her mother. Despite feeling upset by these scenarios, informants made sure to tell us that their mothers were not making these comments with ill-intent. Some informants were shy about sharing these stories; they worried they were casting their mothers in a negative light when they had good intentions. Sharmeen rationalized her mother's concerns:

> I think she's just like is worried that it's [her weight] gonna get worse. … she's just like kind of looking out for us. But it kinda comes off as really rude sometimes.

In reflecting on why her mother made weight-related comments, Maria described the intergenerational surveillance cycle in which her mother was embedded:

> I think it's mostly because my mom has been overweight her entire life. And like … my grandma, she always taught her since she was like very little like diets and like tons of what's it called like sports, pilates, things like that. So that's kinda I think why my mom worries yeah. Like "don't be like me" type thing.

Influence of Fathers.

While mothers were prominent in informants' accounts of growing up, fathers were not absent. Generally, informants' relationships with their fathers were described in a terser tone, with less emotional connection and conversation. Informants witnessed gendered differences in mothers' and fathers' weight-related concerns. While mothers typically focused on their children's health, fathers tended to be more concerned with their children's appearance. Jasmine explained her interactions with her father:

> I feel like if my mom makes comments, I can play it off as a joke but if my dad sometimes makes them, he also has this kinda like tone to his voice where I feel offended … but it's only from my dad. But if my sisters do it, I don't care, if my mom does it, I don't care. … Whereas my mom would phrase it like "you have to lose weight for your health" or something my dad would more be like "you don't look good like this."… It's, I guess you could say, a male's perspective of like, you know, the girl has to look good or something.

For many informants, receiving comments from their parents made the household atmosphere tense. Parents monitored their children's food choices, asking them whether they were actually hungry. These verbal reminders echoed in their heads for years. To evade this nagging, Emma moved out of her parents' house after finishing high school. She described how her parents would give her and her siblings "side-eye" in response to their food choices.

> My parents don't let us forget that we're overweight. And that we're fat and that diabetes, and high blood pressure run in our family. … weight has always been a really big topic in our house. … I feel like my family in particular has a negative way of thinking about food.

In many homes, young people could not talk back to their parents; they were to be respected. But some informants refuted their parents' messages. And there was strength in numbers. Together, siblings defended one another. Sharmeen, the smallest of three sisters, described standing up for her older sister:

> I do [talk back to my mom]. Like especially with [sister's name] 'cause my mom always talks about how like she's overweight and like I try to tell her, like "she does try you know". It's not like she's like purposely, you know [overweight]. So I do try to and then my mom will always be like "oh you're so quick to defend her all the time". And I'm like "well, obviously 'cause you're talking about that". Like I'm gonna say something.

Informants used various words to describe what it felt like to grow up in a larger body being observed by their parents, including "gross", "discouraging", and "humiliating", hinting at the emotional work required. When informants sensed their parents were displeased with their weight, they felt responsible to manage their parents' emotional reactions to their weight as well. Sometimes, this meant that they had to craft a socially acceptable rationale for weight gain. For instance, Christine told her mother that her birth control pills had caused her to gain weight, even though she knew this was not true.

Romantic Interests.

The experience or prospect of dating created additional opportunities for surveillance. Dating was evidently on informants' minds; many brought it up without being probed. Women informants frequently associated the lack of romantic interest from men with their weight, as Bree suggested:

At some point I'm like well I want to get a boyfriend. I probably don't have one because I'm fat. … I mean I get it, I would want a boyfriend who's like healthy and fit too. So I guess that's what they would want.

Informants portrayed online dating as a bigger person as an invitation for judgement about their physical appearance. Emma told us how almost everyone in university used dating apps. She attributed her limited positive experiences with these apps not just to her body size, but also her skin colour:

It doesn't help that I'm also Black. You know … it's one thing to be fat but then you're also Black and then you're also a woman. So like triple, triple whammy.

Teachers.

Teachers surveyed informants' bodies, by way of texts including curricula, assignments, and teaching materials, such as textbooks and videos. These text-mediated practices are represented in the second outermost ring in Figure 2.1. While student weight surveillance is not an explicit job duty required of teachers, informants' stories showed that teachers did this work, nonetheless. For example, teachers asked informants to calculate their BMI for school assignments in health or science class, as early as the seventh grade. Informants grew up in countries around the world (Table 2.1) with presumably different education systems, yet their school-related stories were similar.

When I asked informants what they remembered learning in school about obesity, I was surprised to hear them mention Canada's Food Guide, another boss text. While Canada's Food Guide was originally designed as a tool to help the population meet their nutrient needs, it has evolved to become a tool to reduce risk for obesity. Parents are encouraged to adhere to Canada's Food Guide when choosing and preparing meals and snacks for their children in order

to help them "maintain a healthy weight" (Government of Canada, 2019b). While Alberta's mandatory curriculum does not cover obesity, nutrition and health are explicitly included (Alberta Education, 2020). Institutional policies regarding whether and how teachers should present information about obesity appeared to be lacking.

Teachers have flexibility in lesson planning; those personally interested in nutrition may integrate their personal views on food and health into their teaching. The hidden curriculum (i.e., lessons implicitly learnt in school, such as social norms and values (Damla Kentli, 2009)) taught students that being good meant eating healthfully and being thin. Teachers assigned homework related to Canada's Food Guide, such as asking Grade 10 Foods students to use MyFitnessPal^{TM} (an online diet tracker) in order to gauge, according to Mark, "how close you eat to optimal, like Canada's Food Guide". After being introduced to MyFitnessPal^{TM} through this assignment, Mark described becoming obsessed with calorie-tracking. Students strove to please their teachers, taking offhand comments to heart. For example, Angela's science teacher told the class that if they wanted to lose weight, they should focus on cutting calories. So, she searched online for further guidance:

> I went on this website that tells you how many calories you need to eat to lose X amount of weight in X amount of weeks. And, very irresponsible website, they don't tell you that a certain calorie amount would be dangerous and I didn't know. I was, you know, fourteen. So I put in like this is how much weight I want to lose, and it told me to eat six hundred calories a day.

Videos played in school, like *Supersize Me* (a documentary about a man subsisting only on McDonald's foods for a month)*,* were infiltrated by the BMI, using fear tactics to scare people away from obesity. Angela described how year after year, she was shown a video at school

depicting truckloads of sugar to shock students about how much sugar the average Canadian student consumes in a year. Informants described the shame they felt when educational tools and teachers denounced the perils of obesity. All eyes were on them—bodies exemplifying everything that we are *not* supposed to aspire towards.

Healthcare Providers.

Informants encountered a range of healthcare providers throughout their childhood, including nurses, family doctors, endocrinologists, cardiologists, dietitians, and psychologists. Lauren shared the type of information clinicians shared during routine healthcare visits:

> [Clinicians] would talk about like I guess how much weight you gained of course. And whether they think, oh it's like normal or above the [BMI] range, you know. Scale and criteria.

Informants dreaded being weighed by clinicians, paying attention to their body language and facial expressions. Their worries heightened when their parent(s) (usually their mother) was in the clinic room. Sometimes parents discussed their child's weight with clinicians, as if the child was not there. Informants felt that clinicians lacked both empathy and knowledge about childhood obesity. For example, although a dietitian tried to reassure Jessica by telling her that she would grow into her weight, her words did little to resolve her current discomfort with her body. Instead, informants and their families sometimes turned to alternatives, such as weight loss summer camps, that offered more immediate results.

Informants vividly recalled their weights throughout their growing up, and this was reinforced through their interactions with the healthcare system. These memories were sharper for informants who had to visit healthcare providers regularly for chronic disease management, like Brendan:

I can remember how much I weighed almost every single year, if I really think about it.

In grade 6, I was like 105 pounds. In grade 7, I was like this much. Grade 9, I weighed

this much. … I visited the doctor so much as well, it's like you have to get your weight

and height taken almost every single time you go, so you can see progress.

The concept of "seeing progress" refers to growth charts used by clinicians to ensure children are growing at a healthy rate (Alberta Health Services, 2016). In getting their weight measured at each visit, informants learned that the institutional practice (Figure 2.1) of weight monitoring was important. The taken-for-grantedness of weighing is embedded in clinician charting practices; patients step on the scale without asking why. Informants were aware that healthcare providers were bound by local texts, such as clinical guidelines and policies (e.g., Alberta Health Services (2012) Nutrition Guideline for Pediatric Weight Management), which were in turn guided by the BMI. Sarah elaborated:

[Clinicians] are supposed to be emotionally detached when there's patients so I feel like

they're always like "I need to get as much information as I can."… They're never

considering the fact that there's a human. Yeah with feelings. They're just like "I need to

fix a sickness."… They're probably operating with boundaries that are set by like

national gold standards.

Due to omnipresent weight surveillance, informants were driven to conform, or "fit in", both literally and figuratively.

Youth Work: Social Conformity

Social conformity work emerged from informants' accounts in myriad ways. Sometimes, informants' built environments physically prevented them from fitting in. Other times, their body size and shape prevented them from fitting in metaphorically; they were socially excluded by

their peers. In response to such exclusion, they had to, in Emma's words, "try not to be fat".

Sometimes this meant weight loss; other times it meant hiding their bodies. Informants' weights

made others uncomfortable. Because this discomfort was perceived to be the informants' fault,

they had to try not to be fat to appease those around them, particularly their mothers.

Strategies for fitting in and trying not to be fat included hiding their fatness (which is

framed by dominant discourses as a character flaw) and weight loss. At times, despite their best

efforts, they simply failed to fit in, and had to endure the consequences.

Hiding.

Hiding bodily "imperfections" was a quick fix for fitting in. Informants cited various

tactics to de-emphasize their weight, including using long hair to cover broad shoulders, hiding

their belly by placing a jacket on their lap when seated, and wearing baggy, not tight, clothing.

Emma used makeup and accessories to dissuade attention from her body:

> I like to wear it [makeup] ... I'll do an intense amount of makeup because if my face isn't
>
> ugly then people won't notice my body. … It used to be earrings, I used to wear massive
>
> earrings 'cause if my ears were really big people won't look at my body. A lot of things
>
> were obviously not true, but it's just like a way of thinking about it.

Informants commonly dreaded gym class, and opted to hide instead. Brendan skipped

gym class whenever they went swimming, by pretending to be sick and staying at home. In this

way, no one could judge his body.

> I always felt really self-conscious growing up even when I was really young, which I
>
> thought was weird. Or thinking back now, I think is weird. As a six-year-old going
>
> swimming or like an eight-year-old going swimming you can't really, it's kind of hard to
>
> imagine then being upset with the way you look. … For example, we'd go swimming,

with like phys ed or whatever. And I'd be like, "I'm not feeling good today so I'm not

gonna go to school" or like "I'm not gonna go to gym".

Informants felt uncomfortable when their bodies were on display for their peers to judge, silently

or verbally, in gym. Jessica described gym class as a place where she was most vulnerable, with

her body open to evaluation by teachers and peers. Many informants opted to change in the

washroom with a closed door, rather than public change rooms, to avoid peer scrutiny.

Jane explained how being quiet was another way to hide—by being less visible:

I felt that like if I talked, people would see me. And people would see how big I am. So

then no one would want to talk to me. … So I would just keep to myself. And I would

just like not say anything. Not participate. And just try to keep out of like everyone's

way.

Some informants preferred to eat in hiding, and avoided eating in public altogether. Jessica said:

I always felt very uncomfortable eating in public because people would look and like

[think] "are you really still hungry?"

Sarah, an undergraduate student living in residence, chose to frequent the cafeteria during

unpopular mealtimes when she would not be criticized for her food choices. Emma described

how, as a child, she skipped lunch at school because she feared peer surveillance. When she was

home, she ate in her room:

Now I'm a closeted eater so we don't eat dinner together or eat meals together. We just

kinda like get our food and do whatever. So I feel like my sister, all of us are closeted

eaters.

Trying to Lose Weight.

The diet industry thrives off of people's insecurities resulting from dominant weight discourses. As Smith (1990a) noted, "There is always work to be done" in terms of perfecting the body (p. 187). While many informants tried to be thin, they were rarely successful long-term. Informants engaged in practices associated with "eating disorders" as referenced in the Diagnostic and Statistical Manual of Mental Disorders, another boss text, such as severely restricting caloric intake, purging, and excessive exercise (American Psychiatric Association, 2013). However, informants often did not fit the stereotypical, skeletal image of an eating disorder. Maria described feeling awkward being the heaviest person in her eating disorder treatment group.

Informants recalled myriad weight loss gimmicks advertised on TV, Instagram, and YouTube that they considered buying, and sometimes did. Bree detailed these experiences:

> Things like "oh this belt is gonna make you lose weight", I've totally bought those things as a child actually 'cause I was like "oh well, it's gonna help me."… When those don't work—'cause the ads make you feel like oh nothing works so this is the one thing that's gonna work—and when they don't, you feel like "I'm never gonna lose weight".

> When they were young children, however, they typically relied on their parents' purchasing power. Sarah reported how her mother refused to buy these weight loss products, not because she thought they were dangerous, but because she did not think that they would be effective.

Adapting to the Built Environment.

Although many informants tried not to be fat, their reality was that they were in a bigger body, and they often had to exert effort to physically fit into their surroundings. This work

included both physical exertion and contortions to adapt to their surroundings, as Emma explained:

> I just kind of like have to make myself smaller. … I'm always worrying about infringing on someone else's space because of how big I was, being scared that I wasn't able to do things 'cause I'd break it. … I have broken like two chairs before in my life … it's just super traumatizing and very embarrassing.

Upon entering a room, informants scanned the built environment to determine where their bodies were and were not permitted: another form of weight surveillance. Instead of assessing their fit within BMI categories, they had to determine their fit within "normal-sized" classroom furniture. Elizabeth's education was impacted by her inability to fit into certain lecture hall seats, excluding her from certain courses. Buildings must meet capacity specifications outlined by the National Building Code – 2019 Alberta Edition NBC(AE) (Government of Alberta, 2019). If bigger desks were installed, they would take up more space, accommodating fewer students. So students in bigger bodies, like Elizabeth, suffer the consequences:

> I'll plan my schedule around which lecture hall it's in. Because it's super not comfortable. Which is difficult like some of the [building name] lecture theatres are super small and not comfortable for anyone. But like especially me. … They're so tiny. I have a stomach so I can't sometimes, I can't close it [the desktop].

> Emma was particularly cognizant of the physical barriers she faced in her undergraduate learning environment because of her size. While originally majoring in biology, she switched her major to psychology after concluding that her body type was not acceptable in the hard sciences. Lab coats were not available at the university bookstore in large enough sizes, lab stools were too small, and the narrow walkways between lab benches made her feel like she was tiptoeing on

eggshells. She deduced that "fat people can't be scientists." Her story offers a clear example of the role that institutional practices play in youth weight surveillance.

I turned to Accessibility Resources at the university to explore how a student could address this issue. Staff instructed me that students would have to request accommodations based on having a disability. When speaking of this "solution" with informants, they deemed it unlikely that many, if any, students would feel confident enough to speak up and request a larger seat. Additionally, many people in larger bodies would not consider themselves disabled, and would not want to be labeled as such (Aiken & Easterbrook, 2011). When I contacted the Equity, Diversity and Inclusion Unit and the Office of Safe Disclosure and Human Rights, as suggested by Accessibility Resources, staff were similarly unaware of any initiatives to aid higher weight students on campus with accessibility. It appeared that staff were unclear who, if anyone, was responsible for addressing this institutional policy and practice gap.

Struggling to Fit In.

Despite valiant efforts, sometimes informants simply could not fit in. Emma described the physical toll of going on an ecology field trip below, where she stood out due to her fatigue:

> We're trudging through the snow and I was getting so winded. And I was trying to keep face and get up. So when we were done, we had to walk all the way back up [the mountain] and I was incredibly winded. I was like, I'm gonna die. I got to the top and I had to stop and I was like, I can't breathe. And my lab partners looked back at me and they're like "is she okay?" The thing is, I have to continue to try to not be like [huffs and puffs] or say I can't do this walk at the very beginning. I always try to just like not be fat. Even though it's very visually obvious that I'm overweight, like I don't want to be that way, and I don't want that to be a reason why people don't invite me places.

Gossiping about others' appearances and engaging in "fat talk" (Nichter, 2000) was a common aspect of social bonding among informants and their peers. Subtle forms of bullying, such as social exclusion or "shifty eyes", were more common than overt verbal or physical bullying. Overt bullying on school grounds primarily involved name-calling, using animalistic references such as "pig", "whale", and "pregnant cow." Bullying was also gendered; tending to come more from boys than girls. Elizabeth said:

> I mean I know I am a bigger person so people look, but it was usually, like the people that would openly make fun of me was men. Like the popular jock boys … it was never like really bad from the girls. At least I found it was more the guys.

Jessica and Angela reported severe weight bullying from peers. As a result, Jessica chose to be homeschooled. Both informants scoffed at existing school bullying policies, which they thought were ineffective. Angela said school anti-bullying weeks seemed tokenistic, laughing about how the student spokesperson for anti-bullying was often, ironically, the biggest school bully. She explained how she felt like she could not say anything back to the bullies because when they told her she was fat, it was "true".

Jessica and Angela understood their elementary, junior high, and high schools to be at a loss as to how to effectively deal with bullying. The lack of explicit anti-bullying protocols endorsed the expectation that students were personally responsible to fit in at school. While many school authorities have sexual, racial, ethnic, and homophobic harassment policies, body-based harassment often falls through the cracks (Larkin & Rice, 2005). No individual school-level policies reviewed in a website scan of 396 Edmonton public and private schools (derived from https://education.alberta.ca/alberta-education/school-authority-index/everyone/school-authority-information-reports/) conducted in our review between Nov. 2017–Jan. 2018 included

a statement related to addressing weight bias. Similarly, Alberga, Russell-Mayhew, et al. (2016) note that in the Canadian Charter of Human Rights and Freedoms (Department of Justice Canada, 1982), weight is overlooked.

Youth Work: Resistance

As illustrated in the innermost circle in Figure 2.1, informants were embedded in a multidirectional cycle of self-surveillance, social conformity, and resistance work. Each informant participated in each form of work to varying degrees throughout their childhood and adolescence, but their participation in resistance tended to arise later in their teenage years. Informants' resistance work showcased their engagement with what McCoy (2006) called "oppositional discourses", taking "a stance that highlights the differences between the institutional discourse and the forms of knowing and being the speaker feels to be preferable" (p. 120). One way that informants discovered the possibility of resistance was through social media, which not only offered them a sense of community but also opened their eyes to alternative ways of knowing and being in a larger body.

Promoting "Body Positivity".

There are many variants of body positivity discourses, but informants generally interpreted body positivity as unconditionally accepting and loving one's body. However, some fat advocates perceive this view to be problematic as it puts the onus on the individual to feel good about their bodies; instead, they posit we should focus on addressing systemic inequities to make the world safer for people in marginalized bodies (BBC Ideas, 2019).

As informants noted, many Instagrammers and YouTubers endorse body positivity (Cohen et al., 2020). Informants condemned the lack of racial and ethnic diversity in social media influencers espousing body positivity, who tended to be White, young women—which is

reflected in the literature as well (Cohen et al., 2019; Streeter, 2019). Informants took issue with how some social images hash-tagged with #bodypositivity, or movies celebrating body positivity, tended to feature stereotypically beautiful women, who were only slightly heavier— they were not really fat. It was hard for informants to identify with these women, as Jessica explained:

> It's really all of the movies and things that are about loving yourself, and like it's about the inside, are all cast with these beautiful actors. And it just seems very condescending especially when these beautiful people are like "oh love yourself for how you look".

Maria discussed how the body positivity movement had helped to accept her body, but only when she was a "certain type of fat". Once she gained more weight, she no longer felt accepted by herself or others.

> I was comfortable in this sort of body that now has changed. So it's kinda like I'm struggling with accepting this body now. And like also wanting to go back to how it was. … Only allowing myself to be a certain type of fat.

As Elizabeth explained, it was easier to be body positive when growing up with supportive parents:

> I'm more confident because my dad was always like embracing it … making sure I felt comfortable with myself and always never picked on me. And never said side comments about my weight like other parents do. Like my friend [name], her parents say it all the time. And she's very emotionally vulnerable about it.

Proving Others Wrong.

Many informants took it upon themselves to prove others' wrong about what heavier people can and cannot do, following the adage of "actions speak louder than words". This

resistance was commonly demonstrated within the context of physical activity. For example, in gym class, Emma said:

> I just tried to make it a point to not seem like the lazy fat girl that everyone already assumed I was. … I would make sure that I did above and beyond everybody else just to show that I wasn't just an obese girl who can't do anything.

Eden told us about her experiences as a competitive swimmer:

> Coaches would always look at me and be like "oh well you're not gonna go anywhere 'cause of your size". And then when I started getting Western's and actually getting recognized for being a fast swimmer, then people started to take interest in me.

Later, Eden became a children's swim coach. Initially she received glares from parents poolside but worked hard to win them over. She took pride in defying what others initially thought of her; it built character:

> This initial like proving yourself kinda thing. … It's shitty that we have to do that but at the same time it's like you know what. I feel like I've just gotten used to it at the same time. … And like no, it's not fair. Right, but life isn't fair at the same time. You kinda have to like push through. … It's kinda just not taking things personally, I guess. Right? There's only so much about other people you can change. It has to come from within yourself as well.

As informants got older, they reported feeling more confident in standing up for themselves. This confidence was necessary, because with increased age came new forms of discrimination, including in the context of employment. Eden recounted how, upon applying for a summer job, a hiring committee member questioned her physical ability to conduct fieldwork and hike, part of the job requirements. She courageously walked out of this interview.

At times, young people's resistance work resulted in inner conflict. For example, while informants believed, in theory, that everybody should be accepted regardless of their size or appearance, they struggled to accept their own body. Emma explained:

> I tried for a while to be super body positive and like start following all those [social media] accounts that show body positivity. But it just stressed me out. 'Cause I don't wanna be fat forever.

Some informants resisted by rejecting social norms around self-surveillance. They believed that by not weighing themselves, they were refuting the status quo. However, even though they stopped weighing themselves, they monitored in other ways, like using a tape measure to gauge the circumference of body parts like their arms and waists. While they took pride in having ditched the scale, the tape measure is just another variant of quantification.

Choosing Words Intentionally.

Intentional word choices can change ways of thinking about body size. I was curious what words informants preferred to use to discuss their bodies, as it is a point of contention in both academia and practice. People-first language (i.e., "person with obesity" as opposed to "obese person") is touted as best practice by those working in obesity science and medicine (Puhl, 2020). Fat activists reject this assumption, disagreeing with the idea of obesity as a disease. They posit that the term "fat" should be reclaimed as a neutral descriptor of body size, using it as a political strategy to reduce fat stigma (Rothblum & Solovay, 2009). However, many informants, like Angela, disliked the term "fat" and could not dismiss its negative connotations:

> I don't really like to use the word fat. It's been a really hurtful word in the past. I tend to say like a bigger person. Or a smaller person.

Throughout the individual interviews, informants used a range of words to describe their bodies, interchanging words like "big" and "overweight". In the group interviews, we explored preferred terminology further. Across the board, informants disliked the terms "obese" and "obesity", despite applying them to their bodies when referring to the BMI. When others talked about their body size, they preferred terms like "heavy", "large", and "big".

There were a few anomalies, especially among informants who had grown up in larger bodies, but lost weight in their late teens. Jane, Amy, and Mark preferred more clinical language, like "overweight" and "obese", as they felt imprecise terms like "large" were too vague. Jane asked, "how large? ... I'd rather not have room for adaptation to the words".

Young people's work explicated above was socially encompassed by higher-level health and weight discourses, as depicted in the outer ring of Figure 2.1. I expand on this aspect of the ruling apparatus in the following discussion.

Discussion

Ruling discourses as social organizers of youths' weight surveillance work

This study shone light onto the invisible weight surveillance, and embedded social conformity and resistance, work that higher weight youth have to do throughout their growing up. We found that the ruling discourses organizing this work mirrored the moralistic, individualistic weight discourses previously identified by critical weight (e.g., Gard, 2011) and public health scholars (e.g., Ramos Salas, 2015; Ramos Salas et al., 2018) in Canada. Although researchers have argued against assigning individual responsibility to public health problems for decades (Conrad, 1975; Crawford, 1980), it was apparent through informants' talk that such a population-wide ideological shift has yet to occur. This individualistic, biomedical model of obesity is reflected in "healthy weight" discourse. Rodgers (2016) notes this discourse:

highlights the economic burden caused by overweight (Withrow & Alter, 2011). Thus, it aligns with the wider emphasis on personal responsibility and citizenship. A Healthy Weight is not pursued for personal but collective gain, and failing to do so concomitantly places a burden on all. (p. 195, capitalization in original)

Like the ideological code of "the normal human body", healthy weight discourse is objectifying and dualistic: weights and bodies are either normal or abnormal, healthy or unhealthy, good or bad. The BMI plays a key role in shaping healthy weight discourse as it identifies which weight categories are healthy or unhealthy. Although the BMI was initially introduced as a tool for monitoring weight at a population level (Keys et al., 1972), over time it has come to be used at the individual level too. Its latter usage has been critiqued at length by clinicians and academics (e.g., Ireland, 2020; Rothman, 2008), for reasons such as that it does not distinguish between lean and fat tissue. Regardless, little progress has been made towards finding an alternative to the BMI for both professional and public use. While tools like the Edmonton Obesity Staging System (Padwal et al., 2011) exist, which take into account additional health measures beyond BMI, this complex tool is designed for clinicians, not the general public, who are similarly interested in weight monitoring. In contrast, the BMI is a simple calculation requiring easily obtainable information (height and weight).

Obesity experts recommend using the BMI as a screening tool for obesity, when it is framed as a disease (Padwal et al., 2011). Although prominent national and international medical organizations like the World Health Organization (2020), Obesity Canada (2020c), and the Canadian Medical Association (2015) have deemed obesity a disease (rather than a "lifestyle risk factor"), the pros and cons to this argument continue to be debated (e.g., Nutter, Alberga et al., 2018; Pieterman, 2015; Puhl & Liu, 2015; Sharma, 2017). Those in favour of classifying obesity

as a disease posit doing so could reduce weight stigma, by treating it like any other chronic disease which deserves research, resources, and treatment (Nutter, Alberga et al., 2018).

However, the act of medicalizing body weight has been heavily critiqued in health and sociology literatures, suggesting it may do more harm than good (Pieterman, 2015; Wright & Harwood, 2009). Such arguments claim medicalization turns everyday activities into phenomena to be governed by professionals affiliated with the patriarchal institution of medicine. This form of medical social control suggests that certain conditions (weight status) or behaviors (eating and exercise) become perceived through a "medical gaze" (Conrad, 1992, p. 216).

Healthism, one form of medicalization (Crawford, 1980), is a useful concept for examining the disconnect between informants' lived experiences and official talk in policies and other texts. Crawford (1980) coined healthism as:

> the preoccupation with personal health as a primary—often *the* primary—focus for the definition and achievement of well-being; a goal which is to be attained primarily through the modification of life styles. … Solution rests within the individual's determination to resist culture, advertising, institutional and environmental constraints, disease agents, or simply, lazy or poor personal habits. (p. 368, emphasis in original)

The "elitist moralizing" nature of healthism revealed itself through informants' social conformity work (Crawford, 1980, p. 385). Dangerous weight loss strategies and obsessive surveillance were socially acceptable, if not desirable, when employed in the name of health. In fact, disordered eating behaviours are often commended when undertaken by heavier people (Star et al., 2015). A "good fatty" is a sardonic term crafted by fat activists to describe someone who is fat, but is trying (or at least believes they should be trying) not to be (Bias, 2014; Cameron, 2019).

Informants did not question whether their weight was correlated with their health. It simply *was*, because dominant discourses said so. Shifting public health's focus from weight to health (Saul & Rodgers, 2016) may help to reduce stigma in certain contexts, like healthcare settings. However, there is then the risk of switching the target of moral judgment from a person's weight to their health and lifestyle "choices" (Brady et al., 2013).

This health lens also influenced parents' experiences of child-rearing. Informants described the stigma their parents faced from other adults for having bigger children, insinuating they were doing a poor job of raising them. Research has increasingly brought this mother-blaming to light, sometimes referred to as "stigma by association" or "courtesy stigma" (Bos et al., 2013; Gorlick et al., 2021). Societal messaging dictates that mothers are responsible for their children's health (Gorlick et al., 2021; Noonan-Gunning, 2019). Gorlick et al. (2021) found that "family members were the most common and explicit source of criticism directed toward mothers about their children's weight" (p. 72). Family members often told mothers that they were "too lax with their children" in terms of letting them eat whatever they want, which made mothers feel like bad parents (Gorlick et al., 2021, p. 71).

Strengths and Limitations

This qualitative study had a number of strengths and limitations. Strengths included the novel approach taken to investigate how youths' weight-related work happens, where I started with their expert knowledge and continued to collaborate with them throughout the individual and group interviews. I was privileged to speak with thoughtful folks with an array of life experiences, being raised in homes of varying socioeconomic statuses, household compositions, nationalities, and ethnicities. Notably, all but two informants (who were in high school) were university students; it is possible that their experiences, and the organization of same, differed

from those lacking resources to attain postsecondary education. Furthermore, this study had no insight from gender-nonconforming people, which does not help to fill the significant research gap regarding the weight experiences of gender minority groups (Lessard et al., 2020; Puhl et al., 2019a). There was also limited representation from men, with only two participating in this study.

Our findings do, however, contribute to the limited, mixed research that exists around youths' preferred terminology. A systematic review on preferred weight-related terminology identified only four studies including adolescent (aged 13-24) samples, and none of these studies included children under 13 years of age (Puhl, 2020). Preferred terminology is also likely context-dependent. That is, words preferred at home may differ from those preferred in a clinician's office, for instance, and it is important to further examine these nuances (Puhl, 2020).

After reflecting on the recruitment process, I later realized that the medicalized language on recruitment posters ("overweight", "obese") may have limited a broader range of people from participating. Informants who chose to participate implicitly identified with a body labelled in this way. Future researchers should use more inclusive terms, like larger or heavier. Lastly, I did not interview people involved in youths' lives, as my intent was to privilege youths' standpoint. To fully elucidate the work processes in the home or healthcare and education systems, it would be valuable to interview individuals working in those institutions too, such as parents, teachers, or healthcare providers.

Conclusion

In starting our investigation with the everyday happenings of youths' lives, we uncovered how their experiences of growing up in their bodies did not occur at random. Using Smith's generous conception of work, we showed how dominant health and weight discourses, by way of

institutional policies and practices, predictably create and organize a significant amount of physical, mental, and emotional work for higher weight children and youth. It was through social relations that informants learned how and why to do the work that society expected of them. Furthermore, informants faced disjunctures between what they knew to be true about growing up in a larger body, and what was deemed factual in official policies and texts shaping ruling discourses. As public health researchers, we have a moral obligation to challenge and reshape these discourses in ways that will better serve the interests of children and youth. We must pause and critically reflect on taken-for-granted approaches to "solving childhood obesity", and advocate for approaches that give young people opportunities to speak for themselves on matters directly affecting their well-being.

Chapter 3 – "We're categorized in these sizes—that's all we are": Uncovering the social organization of young women's weight work through media and fashion

Introduction

The appearance of the body as object is a practice learned in childhood. (Smith, 1990a, p. 145)

Western society's critical gaze on women's bodies is rarely questioned. In Canadian sociologist Dorothy Smith's (1990a) seminal work, *Texts, Facts, and Femininity,* she introduced her readers to a novel way of understanding women's bodies: as a never-ending, text-mediated project. One piece of this appearance-focused project pertains to weight. Smith (1990a) explained, "being fat breaks with the paradigmatic image of the 'reed thin' woman of the texts of femininity … the fat woman is not 'read' as feminine" (p. 136). How young women experience their weight while growing up differs from that of men; this project is distinctively gendered (Monaghan & Malson, 2013). Smith drew attention to how images of women's bodies—on screens, magazine covers, or breathing bodies on the street—are objectified and read as texts, their messages being replicated across time and space. These texts instruct women from a young age why and how to manicure their supposedly imperfect bodies, telling them what body weights are considered not just ideal, but also "normal". Further, these texts, reflecting dominant discourses concerning femininity, health, and weight, consistently link morality with body size (LeBesco, 2011)—a public health issue which is perpetuated by scientific literature (Gard, 2011).

Dominant discourses typically reflect the ideologies of those with the most power in society (Smith, 1990b). Stigmatized people, like people in larger bodies[9], lack power, including

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[9] I use various terms to describe body weight (e.g., big, large, fat, higher weight). I tend not to use overweight or obesity, biomedical terms presupposing a desirable body weight norm, unless it is important to accurately represent

the ability to change dominant discourses. Ample research has demonstrated the stigmatization

of people of all ages based on their weight (e.g., Puhl & Heuer, 2009, 2010; Puhl & Latner,

2007). Higher weight children and youth face multiple forms of weight stigma in all domains of

life, such as social exclusion among peers, bullying from family members, and dismissal of

health concerns from medical professionals (Paxton & Damiano, 2017; Pont et al., 2017;

Washington, 2011). Young people are surrounded by mass media messaging reinforcing fat

stereotypes (Ata & Thompson, 2010; Latner et al., 2007). From a public health perspective, there

are several physical, mental, and social health consequences of weight stigma, such as

depression, anxiety, and disordered eating (Puhl & Suh, 2015). These consequences are even

more concerning when considering how they may accumulate across the lifespan. While weight

stigma undoubtedly exists, we lack clarity around how this stigma is socially organized to recur

among girls and young women.

Body work is socially constructed as women's work. Here, work is interpreted in the

generous sense as per Smith (2005), to include any activity requiring thought and intention, paid

or unpaid. These everyday, seemingly mundane activities offer clues into the social organization

of young women's weight work. One such activity is the act of getting dressed. Increasingly,

research has drawn attention to the limited clothing options for heavier adult women, although

literature is lacking on whether this is equally the case for children's or junior clothing (Christel,

2014; Colls, 2006; Peters, 2014, 2019). In observing the lack of fashionable clothing for bigger

bodies, women recognize a need for weight loss if they wish to fit in. Weight loss marketing

pervades mass media and social media (hereafter referred to collectively as "media")—an

especial concern for young people who are vulnerable to its messaging. Youths' cognitive

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informants' talk, public health policy, and the literature. Aligning with Gard (2016), I do not use scare quotes around
obesity, part of critical weight tradition, to resist "orthodoxies of obesity science or of fat studies scholars" (p. 249).

development is limited (Rozendaal et al., 2010) and they are prone to perceiving such marketing as objective and truthful (Ludvigsen & Scott, 2009).

Social norms indoctrinate a fear of fatness in women from birth, as we are taught to pursue thinness no matter what the cost, monetary or otherwise. One way to better understand how these social norms emerge is to examine the discourses embedded in the institutions that young women encounter in their everyday lives. These institutions, interpreted as complexes of social relations as opposed to brick and mortar structures (Smith, 2005), include fashion and media. I focused on girls and young women's experiences due to the aforementioned gendered nature of the phenomenon. Thus, the purpose of this study was to explicate the social organization of young women's weight work that is coordinated by textually mediated discourses in fashion and media.

Methods

Institutional Ethnography

I used institutional ethnography (IE) as my method of inquiry (Smith, 2005). Institutional ethnographers explore how something happens within institutional practices and how these practices coordinate and regulate people's everyday activities (Smith, 2005). I chose IE to see how "the everyday world of experience is put together by relations that extend vastly beyond the everyday" (Smith, 2005, p. 1). Institutional ethnographers consider what happens locally to be coordinated by ruling relations, which are the textually mediated discourses that "connect us across space and time and organize our everyday lives, the corporations, government bureaucracies, academic and professional discourses, mass media, and the complex of relations that interconnect them" (Smith, 2005, p. 10). Campbell and Gregor (2002) further describe ruling

relations as the "socially-organized exercise of power that shapes people's actions and their lives," often without them knowing (p. 32).

An IE investigation begins from a specific standpoint; that is, the social position of those whose interests we aim to serve (Smith, 2005). Here, the standpoint informants[10] were young women who had grown up in bigger bodies. To conduct research from their standpoint, the analysis had to be anchored in the material conditions of their everyday lives. Institutional ethnography is practical in nature; rather than abstracting into theory, we trace empirically how something is happening. Institutional ethnography also demands that researchers be flexible to the needs of the research, determining which sources of data to seek out next as questions arise.

The data employed in this manuscript stem from a broader IE project on the social organization of young people's work of growing up in larger bodies. I describe the three primary sources of data (individual interviews, group interviews, YouTube) used in this manuscript below.

Individual Interviews

In IE, "each interview provides an opportunity to learn about a particular piece of the extended relational chain, to check the developing picture of the coordinative process, and to become aware of additional questions that need attention" (DeVault & McCoy, 2006, p. 23). Before recruitment, we obtained ethics approval from the University of Alberta Research Ethics Board. Various strategies were employed to purposefully recruit standpoint informants in Edmonton, Alberta, including drawing upon the social networks of Obesity Canada (2020a) (a charitable organization aiming to "improve the lives of Canadians affected by obesity through the advancement of anti-discrimination, prevention and treatment efforts") and the local youth

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[10] In IE, the term "informant" is traditionally used in lieu of "participant". This choice emphasizes that interviewees are the expert knowers and doers of their work, and as researchers, we are there to learn from them.

council; putting up posters at health clinics, coffee shops, libraries, public recreation centres, and the university campus; and advertising through university student email listservs and a week-long Facebook recruitment campaign. I stopped recruiting when I had generated sufficient information to fulfill my study's purpose. I recruited a total of 14[11] young women with diverse life experiences between the ages of 15-21 who self-identified as having grown up bodies labelled as "overweight" or "obese". I did not obtain their numerical weights as I was interested in their embodied experiences of being fat; precise measurements were unimportant. I interviewed each participant once between March and May 2019. The ethnographic grand tour question (Spradley, 1979) posed to informants was "how has it felt to grow up in your body," as I wanted to know about the trajectory of their experiences within multiple institutions across the lifespan. Interview topics were broad in scope, to avoid making assumptions about their experiences. Interview questions were not identical for each informant because to understand how experiences are socially organized, the questions needed to build upon learnings from previous interviews. Interviews ranged from 43 to 88 minutes long. Informants were provided with a $30 bookstore gift card to thank them for sharing their time and expertise.

Group Interviews

All women informants interviewed individually were invited to partake in multiple group interviews for deeper investigation and clarification. Eleven informants were interested in participating, but due to scheduling difficulties, only five could attend. I facilitated five group interviews between September 2019 and January 2020. Group interviews occurred on the university campus and were one to two hours long. Conversation topics were emergent, and largely revolved around their experiences interacting with healthcare providers, educators, and

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[11] Two young men were also interviewed in the broader IE project, but in this study I exclusively examine young women's accounts.

parents. Food and beverages were provided at each meeting. A $15 grocery store gift card was given to each informant every meeting attended as a token of appreciation.

YouTube Investigation

Texts are key to mapping how the ruling relations operate across sites (Smith & Turner, 2014). I aimed to uncover "how texts enter into, organize, shape, and coordinate people's doing as they/we participate in the objectifying relations of ruling" (Smith & Turner, 2014, p. 5). Campbell and Gregor (2002) emphasized that in IE, "rather than being used as sources of factual information, texts are relied on as crystalized social relations" (p. 79). YouTube was selected as a textual medium of interest for numerous reasons; first being its audio-visual format which allowed us to assess images and the spoken and written word—valuable for analyzing the discourses embedded in fashion and media. Further, not only did YouTube come up frequently throughout the interviews, YouTube is also lesser researched than other forms of social media, like Instagram (e.g., Cohen et al., 2019), in the context of this topic. Our YouTube analysis was designed to complement, rather than repeat, prior social media analyses. Though there was an overlap in the informants who used YouTube and Instagram, they interacted with these social media differently. Individual Instagram posts and stories tend to have short-lived popularity as users scroll through recent content on their Instagram feeds. In contrast, popular YouTube videos can have a much longer lifespan, trending well beyond a mere few days.

In alignment with the collaborative underpinnings of IE, I hired two young women as research assistants (who were previous interviewees) to aid in YouTube data collection and analysis. They had significantly more expertise navigating YouTube and a keener understanding of how other young people use it than me. Together, we developed a search strategy and data collection guide (Appendix F). Notably, we wanted to examine YouTube in a way representative

of how they would *actually* use it, searching for terms such as "body positivity," "weight loss,"

and "plus-size" and using a snowballing technique to follow up on suggested videos in the "up

next" section. We created a new Gmail account for searching to make certain that our inquiry

was not influenced by our personal search histories. To ensure we reviewed commonly watched

videos, videos selected had to have more than one million views each, which is informally

considered to be a YouTube "milestone". Based on the research assistants' experiences using

YouTube, they felt that this number of views was strongly indicative of a popular video.

Examples of specific data collected from videos include demographic information, language

around body size, and the general topic. Research assistants also recorded how the video made

them feel about their body, and other bodies. The research assistants and I collected data on five

of the same videos to observe how and whether our interpretations differed. Overall, research

assistants collected data on 45 videos between July and August 2019. An hour-long debriefing

meeting was held in September 2019 to interpret our results collectively.

Data Analysis

Campbell and Gregor (2002) stress the importance of explication in IE, which refers to

the analytic process of "identifying, tracing, and describing the social relations that extend

beyond the boundaries of any one informant's experiences (or even of all informants'

experiences)" (p. 90). As is common in qualitative research, data generation and analysis were

concurrent and iterative (Mayan, 2009). Analysis continued throughout the writing process. As

Mykhailovsky states, "analytic thinking begins in the interview. It's like an analytic referral. I'm

checking my understanding as it develops; I offer it up to the informant for confirmation or

correction" (in DeVault & McCoy, 2006, p. 23). For both the individual and group interviews, I

audio-recorded and transcribed the interviews verbatim, recorded field notes after each

interview, and kept a personal reflexive journal for writing about my own biases and day-to-day experiences related to the research topic. These data sources were integrated and analyzed as a whole. Microsoft Excel was used to organize the data, which were indexed topically. I listened to the audio-recordings and re-read the transcripts multiple times. Through conducting the interviews and subsequently transcribing them, I sought out and examined the disjunctures in their speech. I also wrote a narrative summary of each informant's interview.

Study Quality

While designing, conducting, and writing up this study, I referred to Kiyimba et al.'s (2019) guiding principles on study quality, which explicitly acknowledge that different qualitative methodologies require slightly different quality criteria. However, they do posit that there are five general components of all high-quality studies: transparency, reflexivity, transferability, ethicality, and integrity (Kiyimba et al., 2019). It was my responsibility as the researcher to account for the nuances within each of these five components in the context of IE.

Transparency is demonstrated when "the researcher clearly and convincingly shows *how* things are organized to happen in the material circumstances of people's day-to-day lives; where an explication of the ruling relations that shape or coordinate people's circumstances is produced" (Bisaillon, 2012b, p. 111, emphasis in original). I maintained an audit trail to track decisions and discoveries made throughout the research process (Mayan, 2009). Writing a thick description (Geertz, 1973) of the ruling relations promoted transparency as well.

Smith (2006) describes *reflexivity* in IE as "recognizing that you are always there, that what you discover is always seen, interpreted, heard, experienced by you as you are situated historically in the ongoing, never-stand-still of the social" (p. 2). Reflexivity encompasses the self-appraisal of how my social position and lived experiences shape the research process and

results (Kiyimba et al., 2019). I considered, through regular discussions with critical colleagues, how aspects of my identity (e.g., profession as a dietitian and student researcher, white, woman, cisgender, heterosexual, thin) affected my relationship with the data, participants, and analysis.

Transferability describes the extent to which results "can be transferred to other contexts, settings, or people" (Kiyimba et al., 2019, p. 267). It occurs through uncovering generalizing social relations that organize local experiences. Prolonged engagement with the five informants who participated in both the individual and group interviews over several months led to a greater possibility of generating rich data.

Ethicality was critical, given the sensitive topic and fact that I was working with some underage youth. Written consent was obtained at each in-person interaction (including written parental consent for those under 18), and I observed informants' body language for nonverbal cues suggesting discomfort. I collated mental health resources should informants have required further supports after the interview. I carefully assessed the benefits and risks of study participation before recruitment to ensure that the research was worthwhile.

Integrity describes the commitment to "put personal experience into the centre of a trustworthy analysis" (Campbell, 1998, p. 56). A study with integrity is methodologically cohesive, meaning that all aspects of the research align with the ontology and epistemology of IE (Mayan, 2009). Authenticity, an important marker of integrity, entails using appropriate strategies to represent informants fairly, including not cherry-picking quotes from the most articulate participants (Kiyimba et al., 2019).

Findings

For context, demographic information is provided in Table 3.1. The country or countries (for informants who moved during their childhood or adolescence) where informants grew up is noted, due to the influence of culture and geographical location on social norms around weight.

Table 3.1

Demographic Information

Pseudonym	Age (years)	Country/Countries of growing up
Amy	21	Canada
Angela	20	Romania, moved to Canada age 7
Bree	19	Mauritius, moved to Canada age 18
Christine	19	Canada
Eden	20	Canada
Elizabeth	19	Canada
Emma	20	Canada
Jane	18	Canada
Jasmine	19	Canada
Jessica	15	Canada
Lauren	19	Hong Kong, moved to Canada age 9
Maria	18	Mexico, moved to Canada age 9
Sarah	18	Kenya, moved to Canada age 17
Sharmeen	15	Canada

Figure 3.1 maps out this study's findings. Youth weight work was broadly divided into two categories: learning work and performance work. I begin by describing how informants came to learn about weight work, and then explain how they acted on this knowledge, whether that be aligning with or resisting it.

Figure 3.1

Young Women's Weight Work Organized by Text-Mediated Discourses in Fashion and Media

Figure 1

Young Women's Weight Work Organized by Text-Mediated Discourses in Fashion and Media

Texts
(replicable images, policies, and talk re: women's bodies)

Fashion Industry
(clothing marketed and available for sale)

Mass Media / Social Media
(body sizes depicted in media)

Learning Work

Discourses
("normal woman body")

Performance Work

Hiding Weight
(wearing black and baggy clothes, using social media filters)

Trying to Lose Weight
(dieting, exercising, weight loss gimmicks)

Resisting Dominant Discourses
(finding community through social media)

Learning about Weight Work

From Media.

Seeking, But Not Finding, Body Size Diversity in Media.

From the moment informants were exposed to images of people on screens or print media, they noticed that only thin women's bodies were displayed. It was difficult for them to find heavier characters to relate to in television or movies. Maria said:

> I mean mostly every show I grew up with, the people are usually skinny. Maybe I can think of Raven from *That's So Raven* that wasn't stereotypically skinny. Or maybe from *Grey's Anatomy,* the earlier seasons, Callie, she wasn't stereotypically skinny. And it's just more recent that you're seeing more plus size characters like *This is Us*, especially as lead characters. And romantic interests, that's not something that you usually see. … It's almost like they don't allow for women who are plus size to, I guess not exist, but say that they do exist.

Jasmine felt there was a gender double standard: men could be heavier on-screen, but women could not:

> There's not that many heavier people [on television]. And on top of that, I feel you'll still see heavier men in shows, but you won't really see a heavier girl, unless she's supposed to be the butt of a joke.

Amy further explained these gendered norms:

> I think that women are more influenced by their body. Like their body influences their experiences more than men's bodies influence their experiences.

Similarly, our YouTube analysis reflected the notion that women faced stricter norms than men which led to greater emotional work on their behalf. Thirty-six of 45 videos reviewed

exclusively depicted girls and/or women sharing conversation and concern around weight, whereas only seven of 45 videos reviewed exclusively portrayed boys and/or men. In this way, weight management was the work of girls and women; it was their responsibility to fit in socially. Through the YouTube videos and comments reviewed, it became apparent that users fostered community around how to cope with this "problem" through performance work discussed later in this paper.

Jessica extended the lack of body size diversity in media to other elements of her childhood, including toys, which negatively impacted her body image:

> Whether it's the manufacturing of toys and the images on the screen, I just feel like at least in some ways it'd be beneficial to show the realistic body type. … I just wonder if maybe my whole idea of body image was more positive if it would have led me just some of the issues I've had to deal with. So, I just think through like whether it's books, movies, TV shows, just kind of representing more diverse body types. I think that would be beneficial.

Recognizing Fat Stereotypes.

On the rare occasion that fat people were on screen, they were often presented in a stereotypical manner. Sharmeen said:

> You look at movies right and the main characters are always gonna be thin, always gonna be pretty. And then they'll have the weird character as some fat, you know. So it's always been the stereotype. They always have the heavier people as like weird, and eating McDonald's every single day.

Emma furthered this:

When they do portray a bigger person, they're always a specific weight, they're always really loud. Which I mean, I am, [laughter] but not everyone is that way. And not making it seem like if you're fat, you kind of have only one choice. Like you have to be the funny friend if you're fat. That's something that I wish wasn't a "thing." … There's always a way that fat people are portrayed in media, and it's always the same way.

The "obesity epidemic" pictured on newscasts perpetuated these stereotypes. Angela expressed her concerns with the portrayal of fatness:

One thing that really bothers me is if you ever see on the news like *Health Matters*, they talk about the obesity epidemic and then they film random people on the street without showing their faces. … It absolutely terrifies me because I'm always worried that I'll be one of those people. So I don't like the way that it's talked about as if this is pathological. … It's given this moral value where if you're skinnier, you're a better person. If you eat, you know, junk food you are sinful, gluttonous, greedy, all of this.

Feeling Ashamed.

Interacting with popular culture through media commonly left informants feeling inadequate. Christine said:

You just wanna look like the Instagram model or like the girl that you just look up to. Like she's just better than you. At everything.

Maria described how observing her friends' photos on Facebook made her feel ashamed of her own body:

Growing up, [I couldn't] help compare, especially to my female classmates. Who have been skinny as long as I knew them. … Especially since like in Mexico it's hot, so you

always see them posting pictures of them in swimsuits and things like that. And it's just

kinda something, that sometimes I wish I had.

Like Maria, Jasmine described the work of body size comparison, but this time in relation to

celebrities rather than peers:

I was talking to my friend 'cause this [K-pop] group just had a comeback this morning.

So they basically put out a new album and first comment out of her mouth, she's like

"I'm not eating ever again." ... There's an unspoken rule in Korean society where it's like

if you're over 50 kg you're considered fat. I'm like, are you kidding me? [laughing] Am I

a whale? … I read this thing recently like Miss Korea she was 68 kg and people are like

"can she be considered beautiful then?"

Weight norms differ across cultures, with thinness evidently being an even stricter requirement for

social conformity in Korea than Canada. One of the YouTube videos that research assistants

reviewed titled "Women's Ideal Body Types Around the World" showcased these variations

(As/Is, 2015).

For many informants, interacting with social media was so stressful that they avoided it

altogether, deleting social media apps from their phones, or selectively following accounts that

would not make them feel badly about their bodies. For example, Angela said "I just follow cats

[on Instagram]".

From Fashion.

Mirroring the lack of representation in media, informants explained that bigger people were

socially excluded in the context of fashion talk and shopping among their peers. Fashionable

clothes were not available for their body types. Emma explained how disheartening it was to not

fit in amongst her friends:

It's kind of not a great feeling. Where all your friends are wearing the same things. My friends would talk about shopping at Lululemon or Gucci or something—like I can't fit in any of that.

Bree echoed these frustrations:

When someone is like "oh you're not fat, you're perfect" and all these things, you know what? I want to be able to go into a store and find clothes that I like, instead of clothes that actually fit me.

Angela described the emotional work of clothes shopping:

Unfortunately for bigger people there are not a lot of clothing options. And if there are, they just don't look good. So I would always hate clothes shopping, because I would need to try on five different things to find something that fit me. I have done a lot of crying in trying rooms because nothing would fit me.

Maria said:

I don't like shopping usually 'cause they don't have my sizes. Or if I go to a plus-size store like Torrid, it's a really nice store. But the clothes don't fit me 'cause my boobs are smaller. Which is good that they have that for plus size women with bigger boobs. But having pretty small boobs and being bigger, it's hard to find clothes that look good.

In Maria's experience, designers made assumptions about the dimensions of a "normal woman body", negating the possibility for variation within. Likewise, Bree shared her experience of not being able to fit into what stores labelled "children's clothes":

One girl used to tell me like "why do you wear adult clothes?" And I didn't know what to say to her 'cause I was just like "oh no it's just my style". But I knew that's the type of clothes that fit me. The little pretty Mickey Mouse clothes that you're wearing, those

just don't fit me. ... I remember one girl asked me why I was wearing adult clothes or clothes that are too like "mom" for me. … I have to buy this 'cause I don't really have the choice. I don't buy what I like, I just buy what fits me.

Again, societal assumptions delineated what size a child should be. Lauren also felt that, as a child, it was embarrassing to already be the same size as an adult—her aunt:

My aunt always gives me, you know, those hand me down clothes and stuff. And she's as well a bigger size. So that was also very discouraging. I'm like okay, so now I am matching her size. … When it gets to a point where oh no, my size is bigger than let's say my friend. Or my mom. Or my sister. Then I start to question, okay, I guess I have a problem. I'm not blending in the norm. Like my friends are this size, or my mom's this size, what is happening to me, what does this mean?

The group interviews revealed the informants' insight into the challenges of selling plus-sized clothing:

Sarah: Nike had their first plus size mannequin and it got a lot of backlash. And even Calvin Klein had their first plus size model, got a lot of backlash. Victoria's Secret also had their plus size model, got a lot of backlash. So there is backlash from the public itself. Even if companies are trying to change as well.

Angela: In those cases, I mean I don't know about all of those kinds, but in at least one of them I think, the plus size model was literally just a normal woman.

Group: Yeah!

Christine: It's a double-edged sword 'cause it's like, oh she's not big enough, but they're also like oh if you make her bigger then you're just promoting obesity. So then there's no

winning. … If you don't put a plus size model then you get shamed for being sizeist

because you're no longer, you're not inclusive to bigger people. …

Sarah: It's not like they're gonna see that and be like, yeah. Now I need to change. No,

it's just they're just making more clothes. Literally, they're just making more clothes in

different sizes.

The group also discussed discrimination in terms of plus-size clothing costs:

Bree: One day at Walmart I noticed a sign being like, I don't remember how many

dollars more being a bigger size was, I was just like why do people have to pay more for

a bigger size again? That was the first time I saw that. I was like, I don't get it. If you

don't have to pay more from small to medium, why does someone have to pay more from

an XL to XXL?

Alexa: Was that here in Canada?

Sarah: Yeah it was in Edmonton actually.

Christine: Really? I felt that there's a law on that. 'Cause that's discriminatory.

Bree: I know!

Christine: Because even though you're spending more money on fabrics because you're

paying more for a bigger size, you shouldn't discriminate. …

Sarah: I think that happens at H&M too for the sizes thing.

Christine: Really?

Sarah: Yeah not generally. Like if all sizes are available then it's fine, it's the same. But

when there's one size left, it's usually higher if the size left is bigger than if the size left is

smaller.

Lauren reflected on the dehumanizing aspect of clothing size categories:

I find it really annoying with those clothing sizes, you know oh like zero … double zero, you know, um XXL, wow. Like why do you really have to—okay you are the S size. You are the medium size. You know. We are categorized in these sizes—that's all we are.

Sarah noted her frustrations with the variations in sizing between brands, particularly when her clothing size was not available at all:

I don't like how you always have to check the sizing chart. 'Cause that made me mad. I was like yeah I'm gonna shop at Ardene and then I check the sizing chart and I'm like, I don't fit anywhere. Not even an XL. But in another clothing store I would but like here, I'm just like, okay goodbye now.

With her postsecondary background in textiles, Christine offered unique insight into the fashion industry's approach to sizing.

Now we're doing double zeroes and stuff like that. And oh, what you really want is a double zero pant size. … Some brands have different size zeros or smalls are mediums. You know, there's no standardized thing. A lot of the time, it's there to make you kind of feel worse about yourself.

Because participants had grown up in countries around the world (Table 3.1), they were aware that sizing systems differed internationally. Group interview informants conceded that in Canada, clothing sizes were more generous than in their home countries. Bree elaborated:

Back in Mauritius, the sizes are smaller 'cause I think a lot is from China and stuff. So I was a large. But just saying back home, like oh a large, an extra-large made me feel bad because I'd feel the person would judge me. … But here, when I say I'm a medium, I feel normal.

The notion of "feeling normal" correlated with having a body size conforming to social standards. Christine enlightened fellow group interviewees of fashion design protocol which perpetuated unrealistic body size standards:

> A lot of the time when you're sketching models and stuff, you don't sketch bigger people. The standard is eight heads, so one head and you have to do it eight times. Or no, actually it's nine heads. So you make it absolutely proportional to everything. So your waist is three heads down. And then your legs are five heads. So it's a little complicated. But these women that I'm drawing are disgustingly skinny … their legs are so long. … There's not a lot of representation in the plus-size community. Designers and stuff like that [thinness], so of course they're not having good designers making plus-size clothing. Which is unfortunate because I think that it should be more inclusive.

Overall, through the text-mediated discourses permeating fashion and media, informants learned the importance of and strategies for performing weight work—whether that be aligning with or rejecting dominant discourses around what it means to have a normal woman body.

Performing Weight Work: Aligning with Dominant Discourses

Trying to Lose Weight.

All informants expressed and acted upon a desire to lose weight to achieve the normal woman body. Many commercial industries have capitalized on this desire, including the diet, exercise, pharmaceutical, and "miscellaneous gimmicks" industries. I examine how informants interacted with these industries below.

Dieting.

Dieting was the most common approach to weight loss among informants, understood as something that all girls and women should do, regardless of their body size. Angela began dieting in elementary school:

> Starting from when I was eight, I would try and go a whole day without eating. It was very, very unhealthy. Because my only input of weight was from people that I would talk to and then TV would have like "oh try this new diet". When I was nine it was my dream to go on Jenny Craig. Very sad.

Sharmeen felt most diets were unsustainable. She did not label or offer detail about the diets she tried, but referred to dieting more generally, implying eating healthfully was common sense:

> I've definitely tried to eat healthier. Like I will eat salad and I still do. Like if there's chicken right, I'll just eat that. But then also I'll be like 'kay, I'm only gonna eat a salad after school. But then I get home and I'm like, I'm hungry. You know? And not for a salad! … So I'll start it but then I'll never follow through with it.

Informants pointed out that the evidence behind many diets was limited or flawed altogether. Christine joked about the weight loss myths that circulated in her household.

> Christine: She [mother] has these crazy things. Like she goes, "oh yeah, cold water is not healthy for you". So she always leaves the water out. So I've only drank lukewarm water and it's ridiculous. I was like, there's no basis to this.
>
> Alexa: Does she go on diets herself?
>
> Christine: Oh yeah. It's so weird. She's believed that you know putting all these fruit scraps together … if you make a tea out of it, you'll lose weight. And I'm like, it's

disgusting. It'll be banana peels, onion stuff, strawberry scraps, all this stuff and I'm like

"mom this smells terrible". She goes "it's fine. It's good for you". And I'm like "how is it

good for you?"

Alexa: Does she use the internet, is that how she finds things?

Christine: The tea thing was just her own stuff. But she definitely goes on the internet all

the time to find these things and she watches a lot of TV. That's like "oh yeah this is so

healthy". And she has a little book and she writes all of this stuff down.

While Christine mocked her mother's reliance on unfounded weight loss strategies, she herself

went on crash (i.e., severely calorie restricted) diets. Apparently, the social push to be thin

superseded logic. Ready access to the internet and mobile apps (such as MyFitnessPal^{TM}, a

calorie tracking app) enabled the diet industry to pervade young people's lives.

The marketing and sales of diet products was prominent in conversations with

informants. Eden recounted the body weight surveillance she endured as a child by her friend's

mother at swimming practice. This mother, feigning concern for Eden's health, repeatedly

offered her unsolicited advice, encouraging her to buy products from Isagenix (n.d.), for which

she was a sales representative. Isagenix is a nutrition company selling diet products, ranging

from pills, to shakes, to supplements.

She's [the mother] very pushy about it. So even as I was swimming, she would always go

to my mom and be like "oh she shouldn't be drinking Gatorade, she should try this

Isagenix thing, oh that's not healthy." … This lady was one of those influences in my life

that I have very negative experiences with. Because every time she talked to me, she was

like "oh well you should be doing this, oh this will help you lose weight".

Altogether, there were generally two forms of dieting marketed to informants: 1) food, macronutrient, and/or calorie restriction; 2) dieting gimmicks, like metabolism-boosting, fat-burning supplements.

Exercising.

Exercise goes hand in hand with dieting as a conventional weight loss approach. When I asked Jasmine why she kept going to the gym when she disliked it, she responded: "well my mom keeps telling me to go to the gym". Lauren's parents too encouraged her to exercise to lose weight, which she described as: "typical traditional thinking, you know. Do more exercise."

Although exercise was cited in dominant discourses as a means of achieving weight loss, informants felt unwelcome in fitness venues, fearing surveillance from others. Bree said that she was not "comfortable enough to go where the Instagram fitness models go". Many informants felt that exercise should be confined to their bedrooms or basements where they would not be seen, relying on at-home spin bikes and YouTube exercise videos to achieve thinness. Maria elaborated:

> I hated gym class. I don't like going to the gym; it makes me really self-conscious. I get really sweaty and really hot and red when I exercise. And I don't like doing that in front of people.

Informants felt especially uncomfortable exercising in the vicinity of men, who commented on their supposedly incorrect use of equipment, improper form, and so on. Bree explained:

> A lot of people don't want to go to the gym because they feel scared people are gonna judge them there and they're scared of that. Especially the weights by the guys and stuff. It's already hard for girls to go there 'cause there's so many like guys. … You feel like this is not my place to be.

For these reasons, Lauren had chosen to attend a women's only gym.

Combining Diet and Exercise.

Many weight loss programs that informants referred to drew upon some combination of diet and exercise. For example, Christine described participating in a fitness challenge accompanied by a "crazy strict diet" in our group interviews. This six-week weight loss challenge was advertised on Facebook, promoted by XTherapy, an Edmonton-based fitness studio. Lauren also told me about the weight loss regimens she had tried:

> Lauren: I sought out to YouTube and started watching some, you know, exercising videos. And see what their diet plans are. You know that kind of thing. Yeah or reading those articles saying oh these are weight loss foods. These low carb diets, Atkins diet, paleo. …
>
> Alexa: What kinds of things did you try?
>
> Lauren: Lots. First off with the low carb because with the diabetes, I thought okay, this way I could also reduce my insulin intake. And you know, it's probably healthy in general. Of course that breaks down, if you have too low carb, breaks down your muscles, so you know you you're just getting fat again. … I just felt I'm so unhealthy, I got to make some changes. But I don't think you know following those low carb diets or any of those trendy diets are the way, definitely not.

Evidently Lauren faced a disjuncture: despite stating that these strategies were not "the way" to lose weight, she still felt obliged to engage in them.

Jessica's account of attending a weight loss summer camp epitomized just how grueling these regimens can be. She flew to the United States from Canada for a weight loss summer camp lasting several weeks when she was 14. This camp cost her family several thousand

dollars, when they had scarce financial resources to begin with. She reported experiencing

"endless exhaustion" at the camp, but enjoyed it because she lost 50 pounds that summer, and

hoped to be able to return the follow summer to "get back on track".

Motivational messages to lose weight through diet and exercise were common on

YouTube. Thirteen of 45 videos reviewed explicitly or implicitly encouraged viewers to lose

weight. Extreme weight loss was depicted as "inspirational," with an emphasis on achieving it

"naturally". Sample titles of such videos include "How I lost 60 Pounds!! 10 EASY TIPS TO

LOSE WEIGHT THAT ACTUALLY WORKS!!" [*sic*] (Megan Margot, 2017), "Summer's

Weight loss Journey: 210lbs Gone Naturally" (Day1 Million, 2017), "Obese to Beast"

(CrossFit®, 2018), and "We lost 90 Pounds with a Celebrity Fitness Trainer" (Pero Like, 2018).

One of the most concerning examples was entitled "12 year old weight loss transformation: my

weight loss journey" from the Daily Life of Lexie (2018) YouTube channel, which has 66.4K

subscribers as of September 23, 2020. Lexie, the 12-year-old narrator, shows the audience how

she hated her body (including images of her prodding her belly fat) and so began an intense diet

and exercise regimen to lose weight. Video clips include Lexie wagging her finger "no" at a

Pizza Hut box, while giving a thumbs up to strawberries and broccoli. After enduring rigorous

workouts on gym equipment unsuitable for a 12-year-old, she steps on the scale at the video's

end, appearing elated that she no longer has a "double chin".

Taking the "Easy Way Out".

Diet and exercise were deemed valiant weight loss tactics, representing willpower and

hard work. But informants also shyly reported using a range of alternative products for weight

loss. The shame surrounding these products relates to how they reinforce the stereotype that

heavier people are lazy. Perceived as taking the easy way out, such products are used by those

who lack the moral fortitude to lose weight "properly" (i.e., "naturally") through diet and exercise. Informants recognized that when they were young, they were vulnerable to weight loss advertising as they lacked the cognitive development required to critically appraise these messages, many of which were harmful. At a young age, they also relied on their parents' purchasing power. Several years ago, Bree's mother bought her a range of weight loss products, such as body wraps to supposedly shed belly fat. Now, Bree described feeling embarrassed about having wasted money and time using these products.

While no informants used weight loss pharmaceuticals like Saxenda®, the topic arose during our group interviews:

Christine: The weight loss industry, like marketing, sometimes it can get pretty dangerous. You know, the ones who are like, lose weight without working out. Or changing your lifestyle. 'Cause my boyfriend's mom, her doctor's convinced her to do a thing where instead of actually working out or changing your diet, she just takes injections. So she just injects her leg with whatever, I don't know what it is. … I mean it's not dangerous because a doctor recommended it. So it's you know, you have to trust your doctor, but also it's not like insurance covers it. So she was complaining that she paid eight hundred dollars for these thirty injections that make her lose weight, and then she's not losing as much weight as she anticipated. And it's just, you know, you lose a lot of money and you don't even lose that much weight.

Angela: I am gonna make a guess and tell me if I'm right. But those injections, were they marketed specifically by that clinic?

Christine: I don't know, I went to the clinic once. … Sometimes it feels like she's just a pill mule, like a prescription mule which is not very good but … when I went to their

clinic once because I needed to get a prescription, all around their clinic was like, "are you overweight? Try talking to your doctor about these injections, see if they work for you" kind of thing. So I mean maybe. But I don't know, I thought it was weird and you know, of course insurance does not cover that kinda stuff because it's something you want, not something you need.

Bree: They make it this insecurity and just make money out of it. If it's what you're saying. And that's pretty messed up 'cause you just trust your doctor to give you a solution that works if you wanna lose weight. And then they're just like "oh yeah you don't have to exercise it doesn't matter, you can just use this injection".

This conversation touched on many facets of the ruling relations. Informants felt that doctors promoted certain drugs at their clinics as part of some money-making scheme. When Christine referred to weight loss pharmaceuticals as "something you want, not something you need", I was surprised. Christine, and the others in the group, had experienced firsthand the difficulty of weight loss through diet and exercise. But they still interpreted this approach as cheating. Bariatric surgery too is also commonly seen as a dishonourable route to weight loss (Trainer et al., 2017). No informants had had bariatric surgery, but Emma was considering it after her family doctor had suggested it to her.

Trying to Hide Weight.

Hiding the shape and size of informants' bodies was primarily achieved through their clothing choices. Lauren described her tendency towards "loose clothing. You know. Nothing tight. That will just reveal fat. Or just wear all black all the time, because that's what makes you look skinnier." Larger people are taught to stick to black clothing, avoiding patterns or striking colours because those draw attention to their size. The ruling relations dictated that informants

did not have the right to choose clothes freely. YouTube videos, such as "Curvy Outfits Dos & Don'ts! 10 Style Hacks for a Curvy Body!" (Fat Girls Wear What, 2017), instructed bigger viewers how to dress in a socially acceptable manner.

Sharmeen described how she deflected attention from her body:

I started to wear not *really* baggy but clothes that weren't form fitting. … Sometimes I'm at the mall and I'm like, oh I really want that but then I'll try it on. And it completely looks off on my body so I don't get it. … My best friend, she's very thin. And she always wears really nice and "out there" clothes. Form fitting and different styles. And I'm like, oh I wanna do that. But then if I think of an outfit in my head … I'll try it on and be like oh, no. Never. So then I just stick with my hoodies and things. You know. So, it's kinda sad. 'Cause I feel like I can't really explore more.

Maria explained how her clothing preferences changed with her weight:

Usually I've stayed towards a certain like type of clothes that I usually wear … like a baggy type that I feel more comfortable in. But it does hide my body more. I used to like more tighter clothes, like crop tops. I liked those until recently since I gained more weight.

Garments required for sports influenced informants' ability to participate in them.

Christine explained how she felt like she was not allowed to swim:

I'm always uncomfortable going out to swim. … I really hate wearing bathing suits. Just because I'm exposing so much of my body. … I feel that if you wear a shirt over yourself, you're just not confident with how you look and you don't want other people to see. Which is exactly what I'm feeling. So I really don't like going into the water.

Though I do really like beaches. I cruise a lot so I'll be in the beach a lot, but I definitely

won't go into the water. Which is sad sometimes.

Jessica dropped out of dance classes as a child due to a similar discomfort:

It's a lot of body image issues with dance I feel because of the costumes that are

accentuating that sort of perfect body type … skin-tight body suits and everything.

Christine again shared her knowledge of fashion design, this time around creating thin

silhouettes.

What I've learned is you can always make the illusion of looking skinny but in the end

it's always like oh you still wanna be as skinny as possible. … In high school that's pretty

much what I learned. Like how to either make yourself look skinnier, or if you're too

skinny, make yourself look a little bigger.

Here, Christine pointed out the difference between illusion and reality, noting that while feigning

thinness was a good step, it was preferable to "actually" be thin.

Informants also attempted to hide their weight virtually. But when they were caught for

doing so, it was embarrassing. For example, Sarah used face-slimming filters on social media

apps like Snapchat and Instagram:

If I saw my face without a filter, I'd just make a joke about it. But there'd be times where

I think people would see my Instagram profile and be like you know this is fake 'cause of

the filter. 'Cause of how I look in real life.

Unfortunately, this event happened to Sarah. She overheard international students (young men)

at university discussing (in a language they thought she didn't know—but she did) how her

Instagram profile looked fake. Humiliated, she then took the picture down.

Performing Weight Work: Resisting Dominant Discourses

While trying to lose weight and hide fatness were the most common modes of performance work, the final mode involved resisting this dogma altogether. Not only did informants disrupt media representations of the "normal woman body," they also challenged contradictory media representations of body positivity. For example, Emma said:

I think even though they're trying now to make it more apparent that there are different weights and stuff, when it comes to portraying people on TV or in ads, first of all making them different sizes. And actually different sizes. Not just like they do like "everybody is beautiful," but then they're all the same size.

While 13 of 45 YouTube videos had a title or purported intent suggesting content around body love and acceptance, their overwhelming message was still to lose weight. Moreover, some videos depicting body love were of categorically thin women "learning to love their curves", excluding women who are actually larger from these conversations. In this way, these videos displayed thin privilege. For thin people, the only ones judging their bodies are themselves, compared to fat people whose bodies are judged by themselves and others (Myre et al., 2020). Notably, pressure to love or accept your body imposes another form of work on women—it becomes their responsibility to be content with their bodies in spite of societal messaging suggesting otherwise. This work was exemplified in the YouTube videos reviewed such as "Can I Learn to Love My Cellulite?" (As/Is, 2016) and "Why Thinking You're Ugly is Bad for You" (TEDx Talks, 2014).

However, there were some positive aspects of social media, including its ability to create space for a sense of community. Thirteen of 45 YouTube videos involved people sharing their experiences of being overweight, helping informants to feel less alone (e.g., "I am sick and tired

of being the chubby girl" (Storybooth, 2018), "Being the fat girl at the gym" (Sierra Schultzzie, 2019), "What it's like being a former fat kid" (As/Is, 2014)). Using social media also opened informants' eyes to new ways of thinking about body weight. For example, Bree described how she learned about reclaiming the term "fat" as a neutral descriptor from a YouTuber named Sierra:

> She's not what you consider plus size but she's not what you consider not. She's how a lot of people actually are and she's all about body positivity and stuff. She really helped me to understand that being fat is not a bad word. It's just like you're short or you're tall. Maybe you're thin, maybe you're fat, it's fine. That doesn't have to be an insult.

Maria shared how the media shaped her thoughts about bodies:

> I think it was internet. Maybe. That's where I started seeing more body positive things and people who are large and they love themselves. And share the message. … I follow a couple people on Instagram who I like. … Recently I was thinking that I have to support more women of plus size since they were so underrepresented. So if I saw a woman of plus size that showed up in my explore page and I saw what they were doing, and I liked it, then I'm like oh I need to support her so more women that are plus size are represented and they have more opportunities. … I think just even starting from representation in media and TV cuz that's usually … where kids learn from. As sad as that sounds. Or not only TV and in movies but also … there's a lot of YouTubers that share their messages and movements through videos.

In fashion, Christine felt there have been some positive shifts in representing larger bodies, albeit modest:

Nowadays people are starting to embrace the plus size model which is very great. I really

appreciate that. Like it's starting to move standards from anorexic skinny white model to

more diversity.

Overall, this resistance work demonstrated that young people were not puppets of the

ruling relations—they were working to change them. But should young people in bigger bodies

alone be burdened with this titanic task? As public health researchers invested in child and youth

health promotion, this seemed an issue worth exploring.

Discussion

Though published three decades ago, Smith's (1990a) description of women's bodies as a

laborious, life-long project continues to ring true. This study found that texts replicated through

the institutions of fashion and media, predominantly in the form of images, mediated discourses

around the "normal woman body" (Figure 3.1). These texts, activated by informants'

engagement with them, were so commonplace that informants learned to take for granted what

women's bodies of all ages "should" look like. The lack of larger women's bodies witnessed in

media and fashion discursively silenced informants, whose bodies were categorized as taking up

too much space. Whether it be scrolling through fitness challenges on Facebook, following

Photoshopped lifestyle influencers on Instagram, or noticing their mothers try various diets,

informants learned that they had to acquire a specific body type if they wished to be seen and

heard. Informants responded to this actuality by performing three main types of work: hiding

their weight, trying to lose weight, and resisting dominant discourses. Much of this work

required engaging with commercial industries beyond those directly affiliated with media and

fashion, including the businesses of diet and exercise.

The technology and diet industries have joined forces to create weight loss apps targeting children and youth such as Kurbo, developed by WW (formerly Weight Watchers), which was released during the group interview phase of this research. I made a Kurbo account in the fall of 2019 to investigate how the app worked. Several months later, during the COVID-19 pandemic, I received emails from Kurbo asking me if I needed help with weight management during isolation, given media concerns about weight gain (the "quarantine 15" (Pearl, 2020)). Various organizations have slammed Kurbo for its potential role in triggering eating disorders and reinforcing problematic, binary assumptions around good and bad foods (National Eating Disorders Association, 2020; Sole-Smith, 2020). Food-like diet products, like Kardashian-endorsed Fit Tea, advertised through social media were also prominent in informants' accounts. Recognizing the danger in these substances, in 2019 activist and actor Jameela Jamil successfully advocated to implement an Instagram policy to block diet product advertising on this platform to individuals under 18 (Blair & O'Malley, 2019). While young people may use a fake age online, this policy is nonetheless a step in the right direction.

In addition to dieting, this study also showed how young women's weight work often engages the exercise industry. Most informants had an exercise regimen, typically performed in solitude. Earlier research proposed that experiencing weight stigma may lead people to avoid physical activity (e.g., Vartanian & Novak, 2011; Vartanian & Shaprow, 2008). But recent Canadian research with bigger women challenged this assumption, positing this relationship is more complex than previously thought (Myre et al., 2020). Myre et al. (2020) stated that participants

> were less concerned about engaging in physical activity itself, but rather, they worried
>
> about being seen being active because this could lead to judgement, humiliation, or

negative treatment. When they wanted to be active, they often found themselves focused

on what others would think of their bodies. (p. 9)

Though Myre et al. (2020) interviewed adult women, rather than children or youth, the resounding message was the same in both of our studies: girls and women in larger bodies do not avoid physical activity—they just avoid *being seen* doing physical activity. These findings are worth consideration given that physical activity interventions are often conducted with the intent of addressing childhood obesity.

This study suggests a need for innovative strategies for social change, such as viewing fashion and media policies through a weight stigma lens. Obesity Canada (2019) released a weight stigma analysis tool for policymakers when creating and evaluating public health policies; could a similar lens be applied in sectors beyond public health? For example, what kinds of policies could be implemented or modified in fashion to mandate availability of larger clothing sizes? Perhaps we can turn to examples of corporate social responsibility in fashion (Kozlowski et al., 2012) and governmental policies regarding media (e.g., Québec's Consumer Protection Act (1980) which restricted marketing to children), for clues about how to shift societal perceptions around "what matters" in public health.

Strengths and Limitations

Strengths of this study include the novel approach to incorporating a YouTube analysis in IE, wherein we viewed how the replication, or lack thereof, of particular images played a key role in socially organizing informants' weight experiences. We also generated a large amount of data in this IE project, which rendered the analysis complex, but increased the likelihood of having ample, rich data to draw from.

Another key strength is that we privileged the standpoint of young women. Much research has ignored their voices. As a woman, I am well-suited to speak to women's experiences. But, having not grown up heavier myself, I was ignorant to informants' embodied experiences. The latter point is simultaneously a strength and limitation, in that I was less at risk of succumbing to institutional capture (Smith, 2005); that is, making assumptions about their experiences. However, informants may not have felt as comfortable sharing their experiences with me, perhaps fearing judgment. Additionally, I only interviewed cisgender youth, and did not explicitly probe about their sexuality. Further research is needed to explore the weight work of sexual and gender minority youth, who may be at higher risk of weight-based victimization (Puhl et al., 2019a).

Other limitations include only investigating one type of social media (YouTube) in detail. With ever-changing technology, it will be important to keep current with and investigate the various forms of social media that young people interact with.

Conclusions

The distinctively gendered nature of weight work coordinated through textually mediated discourses in fashion and media was apparent in this study. The consistent lack of larger bodies in the fashion and media images that informants were exposed to throughout their growing up significantly shaped their understanding of what it meant to have a "normal woman body". This embodied knowledge urged young women to remediate their purportedly defective bodies. For no informants did this work ever end.

It would serve girls and young women well if as public health researchers, we not only broadened our thinking around how weight discourses are (re)produced, but also paid attention to how these discourses differentially engage the spectrum of genders. While today's youth are

taking initiative to challenge dominant weight discourses, public health researchers have an

opportunity to bolster their efforts with our academic resources and power as adults. In

collaborating with the youth whom this public health issue directly affects, we are more likely to

identify creative, and effective, public health levers for social change.

Chapter 4 – Applying Institutional Ethnography in Collaborative Weight Bias Research:

Reflections and Lessons Learned from Working with Young Women

Background

The blame and shame of people in larger bodies[12], broadly referred to as "weight bias"[13], is a recognized, albeit unintended, consequence of many public health-driven obesity interventions in Western countries (Puhl et al., 2015; Puhl & Heuer, 2010). Experiencing weight bias can lead to a vast range of health consequences, such as depression, anxiety, and eating disorders (Puhl & Suh, 2015). Despite acknowledgment of this public health issue for decades (Cahnman, 1968), little progress has been made in reducing weight bias at a societal level (Alberga, Russell-Mayhew, et al., 2016). Interventions to date have had modest effects, typically targeting individual attitudes and behaviours rather than wider structural factors, like social policy (Alberga, Pickering, et al., 2016). Without multi-level, systemic intervention, change is not likely to be sustainable (Alberga, Pickering, et al., 2016).

Obesity scholars have called for greater inclusion of people with lived experience in larger bodies in weight bias research and activism (Ramos Salas et al., 2017, 2019), but engagement efforts thus far have generally been limited to adults (e.g., Obesity Canada's (2020) Public Engagement Committee, European Coalition for People Living with Obesity (2020)). Though engagement with adults is an important step, children and youth also have a right to be invited to partake in such initiatives–especially considering society's obsession with preventing,

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[12] Terminology surrounding body weight status is a contested topic among scholars within and across disciplines. Here, I predominantly use neutral terms (i.e., people in larger bodies) preferred by participants in this study. I use the term obesity when necessary to accurately represent the literature and public health policy.

[13] I use "weight bias" in lieu of "weight stigma" in this paper to align with the language used in the working group meetings discussed herein. I switched to using "weight stigma" in the later stages of dissertation writing because I felt that "stigma" was more precisely operationalized in socio-structural terms contextualized by power relations (Hatzenbuehler et al., 2013; Link & Phelan, 2001). Based on my experiences presenting my work, "weight stigma" also seems to be more commonly understood than "weight bias" by general audiences. This shift in thinking occurred after knowledge translation materials had been finalized.

reducing, and managing "childhood obesity". Compared to adults, young people have had few opportunities to contribute to weight bias reduction strategies. One unique example where young people have been included in weight-related research and advocacy is CO-CREATE, a European initiative (World Obesity Federation, 2020), and its spin-off project, Healthy Voices (World Obesity Federation, 2019). However, these strategies target child and adolescent obesity, rather than weight bias.

Beyond the fields of obesity science and weight bias, health researchers around the globe have drawn attention to the value of engaging young people, experts of their own lived experiences, in the research process. For instance, Kids in Action is a working group housed under the International Collaboration for Participatory Health Research (n.d.) designed to help researchers work effectively with young people as decision-makers and co-researchers. In Canada, a handful of organizations have also committed to engaging young people on health and social justice issues, such as the Young Canadians Roundtable on Health (The Sandbox Project, n.d.).

Girls and young women in particular have long been denied opportunities to participate in and contribute to science and research, hindered by patriarchal gender norms around whose voices matter (Brotman and Moore, 2008). Such gendered inequalities can harm their confidence and self-esteem (Orenstein, 1994). However, youth activists like Greta Thunberg (2019) have recently challenged the outdated, yet persistent, notion that young women are best seen and not heard. Thunberg highlights the power of young women in not just participating in social justice activism, but leading it altogether. Gendered differences in social norms around whose voices "count" are especially important when analyzed in the context of weight bias, which is similarly gendered. Weight bias afflicts girls in starkly different ways than boys (McPhail, 2017). For

example, girls may be taught that thinness is a requirement of femininity (Smith, 1990a), which in turn is a requirement for marriage. Boys, on the other hand, may be taught that having ample fat is a sign of emasculation (McPhail, 2017). These gendered differences must be kept in mind when devising weight bias interventions (Monaghan & Malson, 2013).

There are myriad approaches for engaging young people in health research, and the "best" approach depends on the context. It is the researcher's responsibility to gauge the appropriate level of participation in a study, which may fluctuate as a study progresses. Nichols, an expert in youth participatory action research, advises researchers to reflect on the rationale for involving participants in each research phase, particularly in phases like qualitative coding, which they may find tedious and uninteresting (The Australian Sociological Association, 2020). There is a tendency to assume that more participation is better, when that may not be ethical or respectful of participants' time (Chen et al., 2007).

Hart's (1992) influential Ladder of Participation outlines the varying degrees of participation in projects with young people. At the top of the ladder, projects are driven by young people, and decision-making is shared with adults. At the bottom of the ladder, young people are included in tokenistic ways—these lower rungs are aptly labelled "non-participation". In my research, I tended towards a collaborative approach, which landed on the middle rungs. There are myriad definitions for "collaborative research" and "participatory research" in the literature, with some authors using the terms interchangeably. Here, I use the term "collaborative research" intentionally to denote that participants were not heavily involved in each and every stage of the research, as might be the case in participatory action research or community-based participatory research. That said, collaborative research is informed by principles of participatory research, including having critical underpinnings, a core philosophy of inclusivity, and a recognition of the

value of engaging participants and stakeholders in the research process (Cargo & Mercer, 2008). The term "critical" refers to the examination of largely hidden social processes that disadvantage people based on gender, race, ethnicity, class, and other differences. Critical approaches also aim to change the status quo, illuminating strategies for emancipation (Kincheloe & McLaren, 2000).

Institutional Ethnography as a Collaborative Approach

Developed as an alternative sociology (Smith, 1987), institutional ethnography (IE) blends well with collaborative research approaches. Institutional ethnography's flexible ontological framework enables researchers to work from a variety of methods depending on the types of questions they are asking (Nichols et al., 2017). Institutional ethnographers focus on *how* something is happening, as opposed to hypothesizing or theorizing *why* (Smith, 2005). Nichols et al. (2017) note that "Working directly with participants throughout the research process is one way to prevent the research from contributing to the very processes of abstraction that IE criticizes and seeks to resist" (p. 113).

With IE's roots in feminist consciousness-raising practices, institutional ethnographers strive to elucidate a social problem identified by people in their everyday lives, supporting their collective efforts to address it (Smith, 1974). Consciousness-raising refers to the process of developing awareness within a group of an unjust situation, attempting to stimulate active participation in changing it (Smith, 1987). Through consciousness-raising, people are encouraged "to speak from themselves and their experience," as expert knowers and doers of their own lives (Smith, 1987, p. 215). Via group discussions, problems become more transparent and less muddied—revealing concrete levers for change.

Institutional ethnographers aim to create space for the voices of those who may be minoritized. Ninomiya (2015) writes:

Early IE studies were epistemologically informed by scholars who took an interest in people who were subject to ruling relations, experiencing some form(s) of oppression, and occupying spaces in social margins. In most cases, scholars identified or worked closely with the people whose standpoint of oppression was the point of initial investigation. (pp. 16-17)

One such scholar Ninomiya refers to is George W. Smith (1990), who published a seminal paper entitled "Political Activist as Ethnographer," paying special attention to IE's activist origins. Nichols et al. (2017) argue that participatory approaches can help to "actualize IE's activist potential," and with their roots in people's experiences, are mostly conceptually synergetic with IE (p. 109). But Nichols et al. (2017) also highlight a key difference between participatory methodologies and IE: in IE, less analytic attention is paid to people's perspectives. Instead of individuals, the researcher's critical gaze rests on institutions (i.e., complexes of social relations organizing a specific function like education or healthcare) as the source of social justice issues (Smith, 1987).

Few IE studies have involved collaboration with young people, but the few that do exist hint at their promising capacity to get to the root of what is *actually* going on in young people's everyday lives, as compared to relying on proxy information from adults. These IE studies have chiefly focused on youth homelessness (e.g., Nichols, 2014; Nichols & Malenfant, 2018; Puddu, 2020). To my knowledge, the topic of weight bias has not yet been explored with young people using IE. The research discussed in this paper is part of a broader IE project exploring how young people's experiences of growing up in a larger body are socially organized. Through individual interviews with young women participants in the earlier stages of this project, it was

apparent that they were passionate about the topic and keen to participate in further research. Here, I aim to make visible the process of working alongside these young women.

Purpose

The purpose of this paper is to 1) describe how I used IE in collaborative weight bias research with young women, and 2) share reflections and lessons learned from this process.

Positionality and Reflexivity

Before delving into the methodological details of the project, it is important that readers have adequate background information such that they can critique my account on their own terms. My positionality is tied to my social location and worldview. Staying attuned to my positionality enhances my ability to practice reflexivity, in that I am continuously considering how I impact knowledge production in my role as the researcher. Enosh and Ben-Ari (2016) posit that "Reflective processes are deliberate awareness, involving a contemplative stance and intentional activity, which is aimed at recognizing differentness and generating knowledge. It involves the constant movement between being in the phenomenon and stepping outside of it" (p. 579). Murray (2019) emphasizes that reflexivity should not be a mere disclaimer specific to one study, but rather, reflexivity is inherent to being a qualitative researcher and should develop over one's career. Like Murray (2019), I try to move away from "confessional reflexivity". Murray (2019) references Andrea Smith (2013), who reiterates that confessing our privileges as researchers in the hopes of being forgiven by those with less privilege does nothing to address the systemic roots of social justice issues.

While I have counselled patients in "weight management" as a dietitian, I have not experienced living in a larger body. But I have long been disturbed by dominant discourses surrounding body size and feel morally obliged to act. I am also aware that dietitians are often

cast as the "food police" in the public eye, judging others according to their eating practices—and that my research participants may anticipate my role to be similar. Given my lack of lived experience in a larger body, I must reflect on how this informs my research focus, choices, interpretations, and interactions with participants, and regularly consider what (dis)advantages this brings to my research.

It is possible that participants felt less comfortable sharing their experiences with me because of my weight, although the rich data generated suggests they felt fairly at ease with me. Participants would not likely have gone into as great of depth in talking about their personal stories if they did not feel comfortable. Further, while sharing one aspect of identity (fatness) may have enhanced rapport building, I could not assume that other elements of our lives would be the same (Murray, 2019). Identity is "intersectional, situated, and relational" (Murray, 2019, p. 78). If I *had* grown up in a larger body, this alone would not legitimize my role as researcher if I did not also consider how myriad other aspects of my identity affect knowledge production. That said, though I wish to understand the complexity of growing up in a larger body, but did not personally experience that form of oppression, I must recognize that I might fail to understand (Narayan, 2004 as cited in Murray, 2019). There will always be limits to my attempts to self-critique and be reflexive.

It would be naïve to pretend that by presenting participants' quotes I am "giving them voice". First, it is not my voice to give. Second, "their" quotes are not just *their* words; interview data is co-constructed. During interviews, I ask questions and give prompts; my presence (including the power differential) affects their responses. As the researcher, I choose which quotes to include in manuscripts and how to frame them, using quotes to support specific arguments.

Applied reflexive practices included keeping a personal journal (using a combination of electronic and paper versions), viewable only to me, in addition to researcher field notes to document and track the research process. On top of day-to-day writings about related information that arose in my personal life, I also journaled about debriefings with colleagues and supervisory committee members. These debriefings occurred in various ways: in person, video and phone calls, emails, voice memos, and texts.

Methods

Using Collaborative Research Methods in Institutional Ethnography

Institutional ethnographers strive to investigate how people's experiences are "organized through large-scale forms of coordination that 'hook' individuals into extended relations of governance and ruling" (Mykhalovskiy et al., 2004, p. 324). I applied IE as a collaborative approach to this research, grounded in a philosophy of inclusivity and respect for different ways of knowing. I assumed the *standpoint* of young women who had grown up in larger bodies. Participants at the standpoint location were appreciated as the experts of their lives; I was there to learn from them. Like collaborative research, IE is designed to be emergent in nature—the precise direction of inquiry cannot be determined in advance (Nichols et al., 2017). DeVault and McCoy (2006) liken this process to

> grabbing a ball of string, finding a thread, and then pulling it out. … The researcher knows what she wants to explain, but only step by step does she know who she needs to interview, or what texts and discourses she needs to examine. (p. 20)

Unlike participatory action research, participants in this study did not come to me asking to start this project. This makes sense in this context, since young women may not feel empowered to do anything about weight bias or even recognize it as a social justice issue; it is

just how it is. Rather, I brought my general concerns to participants, rooted in my interpretation of the literature and personal and professional experiences living alongside people in larger bodies, to see whether they resonated with them, and if so, how. This entailed talking to my participants broadly about their weight-related experiences to refine my *problematic*: an unexplored area of inquiry that can only be unveiled through speaking with individuals at the standpoint location (Smith, 2005). Here, the problematic related to the sense of disquiet surrounding young women's experiences growing up in a larger body. Ninomiya (2015) writes that "the emancipatory value of IE can be found in identifying and examining *disjunctures*. Disjunctures refer to the discrepancies between what is assumed to be happening and what is actually going on" (p. 24, emphasis mine). Such disjunctures are evident in how dominant weight discourses falsely frame the lives of those actually growing up in larger bodies. We put a magnifying glass on these disjunctures to observe how they are socially organized in often invisible ways. I learned more about this social organization by talking with participants about their day-to-day work activities associated with growing up in a larger body. In IE, *work* refers to "an action by an actual person that takes time, energy, and intention" (Nichols et al., 2017, p. 118). Thus, I focused on these seemingly mundane daily tasks and explored how they learned to do this work, which offered clues as to how they came to be socially organized. In taking the standpoint of young women, the consciousness-raising process was grounded in participants' actual experiences, thereby increasing the likelihood that results would be useful to them.

Like many other novice institutional ethnographers, I was concerned by the orthodoxy attached to IE, evident in the

> relations of thought, research, and writing that rigidly police intellectual boundaries and
> promote fidelity to a canonical formulation of a given approach to social inquiry …

[which] can produce IE as a sociology that is insular and self-sufficient … and that can

only be done in one way. (Myhkalovskiy et al., 2021, pp. 53-54)

This orthodoxy primarily pertains to the "ontological shift" required of an institutional

ethnographer. George W. Smith (1990) describes this shift as involving "a change from a

generalized world of conceptual and theoretical explanations to the concrete, sensuous world of

people's actual practices and activities" (p. 633). However, Dorothy Smith's (1987) original

intent in creating IE, as a flexible approach to addressing real-world problems for actual people,

remained a powerful rationale for choosing IE in this study. Practicing reflexivity helped me to

continuously assess whether I was adhering to IE's underlying tenets.

Participant Recruitment and Ethics

Participants were recruited from interviewees involved in the aforementioned wider IE

project explicating the social organization of young people's weight experiences. Participation

was limited to young women due to the gendered nature of this topic. While 11 of the 14 young

women who participated in the former part of the study (individual interviews) were interested, it

was challenging to find a meeting time that worked for everyone, as many of them were busy

undergraduate students with part-time jobs and volunteer commitments. Of these 11 women, five

were able to meet at a mutually agreed upon time and formed a working group.

These five participants were aged 18-21, and grew up in countries including Canada,

Hong Kong, Kenya, Mauritius, and Romania, having moved at various points in their lives. They

had diverse experiences growing up in homes with varying family compositions (one- and two-

parent households, zero to two siblings). They had all spent lengthy portions, if not the entirety,

of their lives in larger bodies. I did not request their weights or Body Mass Index, as I was

interested in the social construction of obesity rather than quantitative measurements of such.

Each participant was in a different university program of study, with unique career aspirations (business; clothing, textiles & material culture; food science; linguistics; computer science). Having previously interviewed all five women, I had a fair gauge of their temperament and had no concerns about them getting along in a group. Five meetings in total were held. As per our institutional ethics approval, participants provided written informed consent at each meeting. I audio-recorded and transcribed meetings, which ranged from one to two hours in length. Participants were assigned pseudonyms. At the first meeting, participants were given a $30 grocery store gift card as a token of appreciation. For each subsequent meeting attended, participants were given a $15 grocery store gift card. Food and beverages were also provided at each meeting.

Procedures

The aims of this working group were two-fold: 1) creating space for critical engagement on the topic of weight bias with youth; and 2) crafting and implementing a plan for local action in Edmonton. By "critical engagement", I mean an approach that engages young people in questioning taken-for-granted assumptions and reflecting on the role of power in a society that condones weight bias. We used the term "working group" to emphasize that we were not merely collecting information for a research paper—participants were recruited to the group as experts working together to develop recommendations to address a real-world problem. While I designated time during our first meeting to brainstorm titles for our working group with participants, this proved more challenging than expected. At the first meeting they were fairly shy and hesitant, readily agreeing with anything I suggested. I proposed, and they agreed with, naming the group the "Youth Weight Bias Working Group," which gave participants an official title to include on their resumes, as they were job hunting and thinking about applying for

graduate school. In retrospect, though, it may have been more appropriate to collectively name the group at a later meeting when they felt more confident and comfortable with one another, and when they had a clearer idea of what we were attempting to achieve as a group.

Table 4.1. Schedule of In-Person Meetings

Meeting	Purpose
1	Introductions, refine the group's mission, plan next steps
2	Topic: Weight bias and healthcare providers
3	Topic: Weight bias and teachers
4	Topic: Weight bias and parents
5	Review and edit recommendations for parents, educators, and healthcare providers to be included in the infographics and open letter

A total of five in-person meetings were held between September and December 2019 (Table 4.1). Meeting attendance ranged from two to five participants, plus me as the facilitator. Participants' schedules fluctuated throughout the semester which sometimes led to last-minute cancellations. Meetings were scheduled two to four weeks apart to allow time for reflection between meetings, and to prevent losing momentum. We met on campus in a large room with windows with audio visual technology and a large whiteboard. Participants were all students at this university, which was easily accessible by public transit, and they reported feeling most comfortable meeting there. We met as a group in the building entrance prior to heading to our meeting room, which required my access card for entry. The 10-15 minute period of waiting for participants to arrive provided us with informal opportunities to chat and build rapport.

The first meeting set the stage for subsequent meetings. I presented preliminary analytic findings from their earlier individual interviews and prompted participants in member reflection, taking note of their reactions to themes and issues discussed. Member reflection is "an opportunity for 'reflexive elaboration' of the results rather than testing whether the researcher has 'got it right'" (Braun & Clarke, 2013, p. 285). Since they had had the summer months to reflect on this topic since I last interviewed them, it was important to dedicate meeting time to member reflection, to give them a chance to raise concerns and offer feedback. During the first meeting, I introduced the possibility of focusing our future conversations on developing recommendations for healthcare providers, educators, and parents in navigating weight-related talk, given the concerns participants had raised regarding their interactions with these groups in earlier individual interviews affiliated with this IE project. As noted by the American Academy of Pediatrics in their policy statement on obesity stigma, "words can heal or harm, intentionally and unintentionally" (Pont et al., 2017, p. 5). Participants agreed with my proposed next steps, though it is possible they simply agreed with me due to the power differential. At the final meeting, two participants cancelled last-minute (it was during a hectic time in the semester) so just two participants could attend. But, all participants reviewed the shared Google documents I created regarding the recommendations I had distilled from our conversations afterward and provided feedback.

Throughout these meetings, we had to negotiate how collaborative our project would be. The need for these negotiations, and ethical reflection on my behalf, was evident from our first meeting. Though I had originally envisioned participants taking more of a leadership role in this project, while I facilitated on the sidelines, with our relatively small budget I could not pay them adequately to assume a co-researcher role. I did not want to pressure participants into

contributing more than they could or wanted to, but also wanted them to feel empowered to take charge if they so wished. As undergraduate university students with busy lives, it would have been unethical to expect them to do any of this work on their own unpaid time, so all group work was confined to meeting hours. I worked in between meetings to make sense of our conversations in order to inform and direct our subsequent meetings.

Reflections and Lessons Learned

I assembled the reflections and lessons learned from our working group meetings into three broad categories: first, do no harm; creating space for critical engagement; and disseminating key messages. I elaborate on these categories below.

First, Do No Harm

I was concerned about unintentionally eliciting psychological harm among participants by revisiting painful experiences related to weight bias. Additionally, by talking about weight bias in a group setting, there was room for participants to worry even more about their bodies and potentially think about them in a new (negative) way. Our first working group meeting occurred in September, where some participants described, sheepishly, having gone on crash diets over the summer months. Naturally this troubled me, but it was not my place to judge or comment. They referred to these diets as "stupid," but engaged in them regardless, hinting at the power of media and diet culture.

I was also apprehensive about the possibility of participants comparing their bodies with other bodies present and feared that participants might monitor each other's eating behaviours. The minimal literature that has examined the unintended potential for worsened body image among young participants in weight-related research suggests harm is unlikely as long as the researchers are sensitized to its potential and take caution to prevent such events from

materializing (Celio et al., 2003; Damiano et al., 2020; O'Dea, 2002). I felt that food and drinks were important to offer at these meetings, for eating together can foster a sense of community and potentially lessen some of the tension around these serious topics. Plus, I guessed that university students would appreciate food given their probable lack of time and money. That said, mealtimes can be complex when shared with people who have experienced (or are experiencing) eating disorders. All participants had turned to dangerous weight loss behaviours (e.g., disordered eating, overexercising) at some point in their past, and the last thing I wanted to do was retrigger old patterns. Moreover, as a public health advocate, I am inclined to abide by healthy eating policies. But in this context, I was cautious about unintentionally reinforcing notions of "good" and "bad" foods by offering foods either understood as conventionally healthy or unhealthy. Therefore, before each meeting, I asked participants for suggestions about where to order food from to avoid "telling" them what they should be eating. As a reactionary strategy, I also kept a handout of counselling resources on hand should I have felt that participants would benefit from such. I did not need to use this resource during our meetings.

Creating Space for Critical Engagement

To create space for critical engagement, I turned to a framework with an iterative seven-step process, which I modified for our purposes as follows: (1) name the problem; (2) identify the intentions behind this problem; (3) uncover the assumptions that support these intentions; (4) identify who benefits; (5) identify who is disadvantaged; (6) link these specific ideas to society-level patterns; and (7) conceive of alternatives that mitigate actual or potential harms (Nixon et al., 2017). These processes were tailored to contexts relevant to healthcare providers, educators, and parents. For example, during our second meeting when we focused on healthcare providers, our conversations served to break down the problem of weight bias and how it manifests among

healthcare providers when working with young people. As the facilitator, I strove to avoid the "banking method" of education that Freire (1970) critiqued. That is, I did not want to tell participants the "answers" to questions from my perspective, but rather aimed to create a safe space for alternative narratives about weight, health, and bodies to emerge. The group setting, where participants shared elements of their identities with one another (e.g., weight, gender, approximate age), helped set participants at ease in talking about their experiences of weight bias. Bonding over the similarities in their stories, they realized these troubling experiences were not their fault, and became increasingly intrigued in discovering how these experiences came to happen in the first place.

Using this framework helped participants to identify disjunctures in their own lives. For instance, participants questioned why they were taught in school that certain BMI categories were "good" and some were "bad," when these numerical values alone said nothing about their health. In applying Nixon et al.'s (2017) tool, participants had a novel look at their personal experiences through a critical lens. They had initially assumed that child- and youth-oriented policies and procedures had been designed in their best interests, but came to discover this was not always true.

Despite being a small group, there was significant diversity in experiences amongst participants, with the common thread through their stories pertaining to living in a larger body. Participants excelled at teaching one another, voicing their thoughts and questions with increasing confidence at each meeting and leading conversations on their own. They raised interesting points that I had not thought about before. As older adolescents, they were cognitively capable of abstract thinking and moral reasoning around social inequalities, facilitating the

consciousness-raising process (Tyler et al., 2020). Examples of their knowledge-sharing are outlined here:

- Sarah, a business student, had sharp insights into the capitalist nature of the weight loss industry, stating "money is what makes the world go around". This comment prompted other participants to critique money-seeking aspects of the pharmaceutical industry, including the marketing of weight loss drugs in doctors' offices.

- Angela had undergone eating disorder treatment, and had connected well with her clinical dietitian there. She shared insights from her dietitian, painting a picture of what positive healthcare interactions can look like—a contrasting picture to the negative stories mentioned by other participants. This helped the group devise recommendations about what to do and say regarding weight-related topics for healthcare providers.

- Christine noted how in her culture, which she described as Asian, speaking back to your elders was strictly forbidden, regardless of what cruel comments they may have made. Lauren, Sarah, and Bree agreed with her, noting a similar situation in their families. However Angela challenged this belief. Having grown up with a relatively absent guardian, she was very cognizant of unequal adult-child power relations and did not think tolerating this behaviour was acceptable.

- Bree queried the purpose of including people's weights on driver's licenses in Canada, when that was not required in her home country of Mauritius. She had been shocked when she was asked her weight at the Canadian registry office. For participants like Angela, who committed to not weighing herself as it triggered her eating disorder, this number would just be a guess. Participants also pointed out that weights can fluctuate over time, but Canadian driver's licenses are only renewed every five years.

By creating a safe space for participants to discover the "ruling relations" coordinating their lives, we simultaneously created opportunities for their empowerment.

Disseminating Key Messages

After key messages were distilled from these conversations, we focused on crafting a dissemination strategy, acknowledging that academic publications were unlikely to make it into the hands of our target audiences. I spoke informally with parents, teachers, and healthcare providers in my social networks about their needs and interests on the topic of weight bias, and brought these conversations back to the working group. Together, we chose to disseminate our recommendations as knowledge products in the form of infographics for healthcare providers and teachers (Appendix G), and an open letter for parents (Appendix H).

Well-designed infographics can be used to communicate information succinctly in a visual, easy-to-read way that can promote audience engagement (Eljiz et al., 2020). Research shows that people retain more information from infographics and other engaging knowledge products than conventional, passive methods like text-heavy manuscripts (Martin et al., 2019). Participants were also familiar with reading infographics. I hired a graphic designer, who was locally involved in weight bias activism, to develop them. She and I met numerous times in person and virtually to design and refine the infographics, creating both for-print and digital versions. While we were keen to involve participants in this process, it was difficult to keep their interest and enthusiasm levels high in the project over such a lengthy time period, as the design process occurred for several months beyond our last working group meeting. Other researchers have cited similar difficulties in sustaining contact with youth participants once the major project pieces (in this case, our working group meetings) were completed (Chen et al., 2007). I continued to keep participants updated on the process via email, in order that they could

contribute if they so wished, but I received few responses beyond "looks great!" Key stakeholders in the design process included Obesity Canada, whom we had partnered with to obtain project funding from the Edmonton Community Foundation, and the Alberta Health Services Healthy Relationship with Food for Mind and Body Working Group. Researchers have noted the benefits in partnering with larger organizations in knowledge product creation and dissemination, including the potential for increased reach given their broader social networks (Holt et al., 2018). Both parties provided feedback and suggestions on draft versions of the infographics via email and teleconferences. Rather than engaging these stakeholders from the start of dissemination planning, I waited until later stages with the intent of keeping participants' voices front and center, avoiding the trap of overshadowing their words with those of adults. Two working group participants wrote blog posts (https://obesitycanada.ca/oc-news/our-message-to-educators/; https://obesitycanada.ca/oc-news/our-message-to-health-care-providers/) describing their experiences and advertising our key messages. Obesity Canada then advertised these blog posts and infographics on their social media (Facebook and Twitter) in November 2020. The infographics were also distributed to Ontario Dietitians in Public Health and Nutrition Connections via the Applied Public Health Science Specialist of Public Health Ontario in November 2020. A few months later (March 2021), Ever Active Schools, a provincial initiative dedicated to supporting healthy school communities, advertised the infographics in their monthly e-newsletter and social media. Unfortunately, the Alberta Health Services working group was put on hold during the coronavirus pandemic that began partway through dissemination planning, as dietitian members were redeployed to other workplaces. Hence, the infographics have not yet been disseminated through their networks, which include school boards and primary care networks.

To reach parents, we chose to write an open letter, which I hoped might be a cathartic process for the participants. Strong emotional appeals can be attained through words, as evidenced by the various influential open letters composed by people from all walks of life across historical periods (e.g., Martin Luther King's "Letter from Birmingham Jail"). Grounded in our group's key messages for parents, I drafted the letter in a Google document and circulated it to the working group for edits and feedback. I submitted a media pitch for the final version of this letter to multiple media outlets, but it was challenging to solicit interest on this topic during the pandemic. This letter eventually found a home on Obesity Canada's blog (https://obesitycanada.ca/oc-news/what-its-like-to-grow-up-in-a-larger-body-a-letter-to-parents/).

Soliciting Feedback on the Research Process

As my first time leading a collaborative research project, I was especially keen to make this a positive experience for participants. Throughout the four-month long meeting period, I informally encouraged participants to tell me if I could do anything to increase their comfort or make the process more enjoyable. However, they may not have felt comfortable telling me face-to-face if they had concerns, given the power differential and the nature of our friendly, working relationship. Chen et al. (2007) similarly noted the "possibility of self-censorship and skewing of results" from youth participants evaluating participatory action research processes in a youth-driven project, owing to the participants' pre-established, personal relationships with the interviewer (p. 141).

While Chen et al. (2007) conducted feedback questionnaires with participants after project completion, I opted for a less formal strategy such that I could modify my approach as the research was actually happening. After the second working group meeting, I distributed a brief, anonymous survey via Survey Monkey to ask participants how they felt so far about the

project, and if anything could be changed to improve the process. Only one participant completed the survey. She commented positively on her interactions with the other participants and the meaningfulness of the project. However, she suggested that I as the facilitator try harder to keep the group on track in answering my guiding questions. I found her comment interesting, as those "tangential" conversations were in fact valuable additions to the data. They still related to the overarching topic, and often led to important points that would have otherwise been overlooked. I sensed that she, and perhaps other participants, worried about giving me the "right" information, so I did my best to reassure them at the next meeting that the entirety of our conversation was useful, and not to worry about giving me the "answers" they thought I needed. Her comment perhaps also reflected her dedication to the project; she had a vested interest in producing actionable results.

I received a fair amount of unsolicited feedback from participants via email, social media, and handwritten cards—sometimes addressed to me, and sometimes to the entire group. These notes included messages from the women about how the project made them feel seen, heard, and less alone in their experiences. They reported feeling grateful and privileged to have been invited to participate in this project. Some participants described being surprised that anyone even did research on the topic of weight bias, as their previous exposure to weight-related information had been limited to traditional biomedical models of obesity. This newfound knowledge could be immediately useful to them in their everyday lives. I do not know whether or how these meetings had ripple effects into other aspects of participants' lives, but I hope that they feel more empowered to stand up for themselves and others the next time someone comments on a person's body size.

Strengths and Limitations

Strengths

This project began to untap the potential of collaborative research in addressing health inequities like weight stigma. Institutional ethnography has not, to my knowledge, previously been used to explore the topic of weight stigma. Further, IE research thus far has predominantly engaged adults, not young people. We have an ethical responsibility to engage young people in research on topics affecting their livelihoods. The participants' age (ranging 18-21) appeared to be ideal in terms of their abilities to think critically and reflectively. Their childhood years were not that long ago, so they still had sharp memories of their growing up. Through this research, participants came to realize that they are neither responsible for nor alone in their weight-related struggles. This realization may negate some of the harms of weight stigma, such as the internalization of stereotypes about larger-bodied people.

We stayed true to feminist consciousness-raising principles, centering our efforts on creating space for young women's empowerment. Smith et al. (1998) similarly underscored the value in working alongside girls and young women in their school-based IE research highlighting gender inequities, reiterating that we can learn a lot from them if we give them a chance to speak and commit to listening. Allowing the research to proceed organically helped to foster an inviting space which could promote critical engagement. It was beneficial that I knew the participants from prior interviews, so there was a degree of existing comfort between me and them from the beginning of our group discussions.

Rather than consistently framing research with young people as a resource-heavy challenge (as tends to be the case in the literature), perhaps we should pay more attention to how powerful it can be. Introducing young people to the research process enabled them to assess and

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address their everyday experiences with weight bias, and potentially apply these skills in other contexts. My experience collaborating with the thoughtful and articulate young people in this project suggests to me that we tend to underestimate their ability to contribute to research. There are also unique benefits to talking to young people about issues affecting them in the here and now, as opposed to a retroactive approach in which key contextual details may be forgotten.

Limitations

I struggled with my admittedly naïve desire for greater social change to result from this project. Clearly a problem as pervasive as weight bias cannot be changed overnight through infographics or an open letter—such a widespread shift in societal thinking will require a multi-level approach. The change in this study occurred on more of an individual level, within participants and me as the lead researcher. Budgetary constraints also prohibited us from hiring participants as co-researchers and entrenching them more thoroughly in the project.

Importantly, we did not explicitly address intersectionality in our conversations. We did view weight-related issues through a gender lens, but did not expressly probe for other forms of stigma. That said, other forms of stigma did arise naturally in group conversations, such as that related to race, ethnicity, and class. Recent literature has emphasized the importance of considering how stigmas overlap and intersect due to their multiplicative effects on health (Government of Canada, 2019a; Meadows et al., 2020; Stangl et al., 2019). Being more intentional about examining intersectionality may have enriched our discussions, but also likely would have required more meetings to adequately address the complex interactions of social identity and health-related stigmas in participants' lives.

Conclusions

In this paper, I described how I used IE in collaborative weight bias research with young women, and shared my reflections and lessons learned through this process. Like Ninomiya (2015), I believe it is important to showcase the process and the "relational *how*" of the study, rather than solely the research outputs (p. 1, emphasis in original). Collaborating with young women in the Youth Weight Bias Working Group proved to be an empowering experience for myself as the researcher and participants alike. Together, we worked to create a safe space for critical engagement regarding a potentially sensitive topic (weight bias). We also developed educational materials and devised a dissemination strategy for parents, educators, and healthcare providers about how to navigate weight-related issues with young people. Our collective experiences partaking in this study suggest it may be worthwhile to explore strategies for sustaining young people's long-term engagement in weight bias activism and research. One possible avenue to achieve this might be entrenching a youth committee into an already-established organization like Obesity Canada. Overall, drawing upon IE and collaborative research appears to be a promising approach for fostering young people's sense of agency in addressing real-world problems, and for mitigating the harms of weight bias on their health and well-being. As public health researchers, we have an ethical responsibility to engage and learn from young people in research concerning and impacting their everyday lives.

Chapter 5 – Discussion and Conclusions

General Discussion

The overarching aims of this dissertation research were to 1) explicate the social

organization of young people's work of growing up in larger bodies (employing Smith's

generous conception of work), and 2) contribute to the qualitative methodological literature on

using IE in collaborative health research with young people. I met these objectives, and my

research findings added to the limited body of evidence on how weight stigma practices and

experiences unfold in young people's lives. All work generated in this thesis was theoretically

grounded in IE principles. In this final chapter, I summarize the contributions from my three

manuscripts (*Chapters 2, 3,* and *4*), discuss the implications of the dissertation as a whole, and

outline the strengths and limitations of the research. I conclude with practice, policy, and

research recommendations.

Contributions

Contributions of My Manuscripts

My first manuscript, presented in *Chapter 2*, explicated how young people's body weight

surveillance work is socially organized by moralistic, individuated health and weight discourses.

Through individual and group interviews with 14 young women and two young men between the

ages of 15 and 21, we discovered that their experiences of growing up in their bodies did not

occur at random. Informants engaged in weight surveillance (e.g., self-weighing, social

comparison) in response to the ideological code of the "normal human body". Based on the

results of their self-surveillance, informants pursued various forms of work in order to fit in, both

literally and figuratively. They balanced their efforts to fit in with their efforts to resist social

conformity, such as trying to prove others wrong about what people in larger bodies are capable

of. Institutional policies in healthcare and education, such as those related to the BMI, provided guidelines to enact healthy weight discourse, which dichotomizes weights and bodies as normal or abnormal, healthy or unhealthy, good or bad. Informants' bodies were monitored by nearly everyone in their lives: healthcare providers, teachers, family, and romantic interests. Despite their (mostly) good intentions, surveillance by respected adults in their lives insinuated that informants' self-worth was contingent on their weight. Additionally, this manuscript presented findings from conversations with informants regarding their preferred weight-related terminology (more neutral terms like larger or bigger rather than fat or obese, which tend to be polarizing), offering important insights for researchers and practitioners.

My second manuscript, presented in *Chapter 3*, complements the manuscript described above. While the first paper examined how the body weight work of *young women and men* is influenced by the institutions of *health* and *education*, the second highlighted the gendered nature of body weight work, revealing how *young women's* weight work is socially organized by text-mediated discourses in *fashion* and *media*. Through analysis of individual interview, group interview, and YouTube data, we found that texts (mostly image-based) reflecting dominant discourses around femininity, health, and weight were replicated through the institutions of fashion and media. The act of shopping dehumanized informants, as they and their bodies were categorized into clothing sizes—sizes which were usually non-existent in the fashionable clothing stores they wanted to shop from. Noticing the consistent lack of larger women's bodies depicted in fashion and media, informants learned that they had to be thin if they wished to be seen and heard. Informants responded by performing three general types of work: hiding their weight, trying to lose weight (including via engagement with commercial weight loss industries), and resisting dominant weight discourses. The latter mode of work was aided by the use of social

media, which offered informants a sense of community and opportunities to learn about alternative ways of knowing body weight. Notably, for no women in this study did this body work ever cease, regardless of how or whether their personal beliefs around bodies and weight shifted over time.

Finally, my third manuscript (*Chapter 4*) presented methodological insights from my experiences working alongside five young women in a collaborative weight stigma research project (the "Youth Weight Bias Working Group[14]"), showcasing the relational aspects of the research process. This manuscript is an important contribution to the qualitative health research literature, highlighting the strengths, limitations, and innovation that stem from working in partnership with young people, proving to be an empowering experience for both the participants and myself as the researcher. As a working group, we aimed to: 1) create space for critical engagement on the topic of weight stigma with youth; and 2) craft and implement a local action plan in Edmonton. Our working group process was guided by a seven-step framework for critical analysis developed by Nixon et al. (2017), which I adapted for this study. This framework helped me in applying consciousness-raising principles to prompt participants in questioning taken-for-granted assumptions around weight and health. Together, we developed educational materials for parents, educators, and healthcare providers about how to navigate weight-related issues with young people, grounded in their experiential knowledge.

Contributions of My Dissertation

Dorothy Smith (personal communication, November 2018) used the analogy of a patchwork quilt to describe IE. In an IE study, institutional ethnographers piece together the

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[14] In *Chapters 2* and *3*, I referred to these working group meetings as "group interviews" as I focused on IE data generation and analyses. In *Chapter 4* I intentionally used the term "working group" to emphasize the young women's roles as experts involved in producing tangible knowledge translation products.

intricate details of how something happens to sew an individual patch. This dissertation is one such patch. Sewn together with already-made patches, it contributes to the quilt of empirical investigations on how weight stigma in young people happens as it does.

While many researchers have examined weight stigma as a theoretical construct, comparatively little work has been done to examine its materialistic constitution; that is, how it *actually* happens. By using IE, I was able to contribute unique empirical research to the field of study on weight stigma by deconstructing it. The strengths of using IE, made apparent in this dissertation, include its potential for empowerment. By showing people the ruling relations of which they are part, IE makes the invisible, visible. In observing the lack of images of larger bodies as replicable texts, an IE approach to inquiry allowed for new ways of understanding how weight stigma pervades young people's lives in typically hidden ways. For the young people in this study, escaping Photoshopped images of already-thin models and celebrities, or advertisements for weight loss products, was next to impossible. Larger bodies in fashion and media were silenced. Dissertation findings suggest an interim need for developing coping tools to help young people thrive while growing up in a fatphobic world. While such tools may be band-aid fixes rather than sustainable solutions, systemic changes take time, and we cannot forget to help those negatively affected in the here and now.

The objectification and dehumanization of people in larger bodies was prominent throughout this dissertation research. Fat bodies were quantified and assigned numerical scores for evaluation, in the form of BMI values or clothing sizes. Dehumanizing people makes it easier to treat them poorly and inequitably. In the context of eating disorder treatment, informants described how only thin bodies seemed to be deserving of love, concern, and care. Fat bodies were not considered worthy of eating disorder treatment, because dominant weight discourses

imply that someone in a fat body would not have the willpower to truly do eating disorder work, at least not properly. By focusing on weight alone, we risk overlooking the life-threatening tactics, such as severe caloric restriction and binge-purge cycles, by which people strive to reach a lower weight.

There was a plain disconnect between the experiential knowledge of young people in bigger bodies, and the ideological knowledge of central adults in their lives. Well-meaning parents, educators, and healthcare providers appeared to be highly concerned with the adverse, taken-for-granted health outcomes of obesity, while remaining rather oblivious to weight stigma. As adults are typically granted more power in our society, young people's experiential knowledge of weight stigma was diminished and discounted. Interestingly, there is far from a lack of empirical evidence on weight stigma; the literature is unwavering with respect to its existence and health consequences. But fatphobia in Western society is so deeply engrained that the weight stigma literature has yet to enter common knowledge, unlike the literature on the "dangers of obesity". Young people have a right to evidence-based education about weight and health, as opposed to the outdated, inaccurate information disseminated via health and education systems which propagate dominant conceptions of weight and health. Effective strategies to improve cross-disciplinary communication about weight stigma are urgently needed.

Lastly, this dissertation deepens our understanding of weight stigma drivers, practices, and experiences, revealing how power is exerted through institutions via discourses. Most stigma research (weight-related or otherwise) so far has examined stigma at the individual level, paying less attention to how social conditions (e.g., institutional policies and practices) shape the manifestation of stigma (Hatzenbuehler et al., 2013). This dissertation highlighted these social conditions by tracing their connections to local experiences. Like other researchers keen to

address this critical literature gap, I sought "to move away from psychological models that *see stigma as a thing which individuals impose on others* and instead emphasize, *the broader social, cultural, political and economic forces that structure stigma"* (Stangl et al., 2019, pp. 3-4, emphasis in original). I shed light on possible levers for change within commercial industries (weight loss, fitness, fashion, media), healthcare, and education systems, shifting the critical gaze away from conventional, individual targets like parents and the young people themselves.

As a public health researcher, I have an ethical duty to constantly reflect on my attitudes, beliefs, and practices to avoid unintentionally enforcing oppressive social relations. We likely all play a role in maintaining the status quo at times, but we can change this through better awareness of how power structures operate in everyday actions. I offer strategies for challenging the status quo in the recommendations section below.

Strengths and Limitations

Study-specific strengths and limitations were discussed in *Chapters 2, 3*, and *4*. Overall strengths of this research include that we engaged and listened to young people as a priority population. The young people in this research described feeling that adults often did not genuinely listen to them because of their age, devaluing their expressed concerns as childish exaggerations. I hope this research process helped to validate their experiences as I acknowledged each informant as an expert in their lives. Beginning the inquiry in an open-ended manner enabled me to follow the data in a meaningful way and refine the focus of my inquiry with iterative data generation and analyses. Prolonged engagement with informants over the course of a year also helped to create rich data to write a thick description, as did informants' diverse range of life experiences (including growing up in countries around the globe) to draw from in our conversations. The age of participants (15-21) proved to be ideal in terms of their

reflective capacity. Additionally, their memories were relatively recent, such that texts referenced in their speech, like Instagram pages, remained current. Through the university student listserv advertisements, I received an influx of requests to participate, and had to cease interviews once we had generated sufficient data to clearly map out my problematic. Young people clearly have a lot to say and are keen to be involved in weight stigma research—we just have to offer them age-appropriate opportunities to participate. Many informants told me that they would not have signed up for interviews with me if they were younger, being too shy at the time to talk about their bodies with a stranger.

Limitations of this research include the limited insight into young men's experiences. That said, concentrating my investigation on young women's experiences was logical in light of the gendered nature of the phenomenon which was evident early on in my interviews. By focusing on young women, I was able to dive much more deeply into their experiences. Most participants were undergraduate students, implying that they "survived" the fatphobic social conditions in which they grew up, having succeeded through elementary and high school. Considering the systemic weight-related discrimination documented in academia and employment, there are certainly other young people I did not reach who may not have been as lucky. Findings may have differed if I had recruited participants through other means (e.g., through high schools), or if I had used alternative body weight terminology on recruitment ads such as "fat" or "larger" instead of "overweight" and "obesity". Finally, the research focused on weight stigma from the standpoint of young people who had experienced it; further insight could have been gained from talking to other stakeholders, like parents or educators. These limitations speak to opportunities for future research.

Recommendations

      My dissertation has important implications for practice, policy, and research. By shedding light onto the "ruling of weight," this research offers young people, parents, healthcare providers, educators, and academics access to knowledge of how young people's experiences of growing up in larger bodies are socially organized. Research findings highlight an opportunity to modify local practices in ways that counter the weight stigmatizing social milieu of childhood and adolescence. Such practice-oriented recommendations in the context of the home, school, and doctor's office, developed collaboratively with research informants, are outlined in Appendices G and H. General recommendations in these appendices include: 1) reflect on your assumptions about people in larger bodies, remembering that weight is influenced by much more than diet and exercise; 2) be sensitive to weight-related word choices (ask people what words they prefer to use when talking about their bodies); 3) avoid binary, moralistic language like "healthy" and "unhealthy" weight or "good" and "bad" foods; and 4) give young people in larger bodies space to talk and listen to them.

      Policy recommendations generated from this dissertation are directed towards the commercial weight loss, media, and fashion industries. Given that most young people spend large portions of their day plugged into the internet through mobile phones and computers, policies are needed to restrict social media advertisements for weight loss and dieting products for users under 18 years of age, such as those implemented by Instagram (Blair & O'Malley K, 2019) and TikTok (Wadhwa, 2020). Additionally, banning Photoshopping of bodies in media would help to normalize body size and shape diversity. Research informants were discouraged when their bodies did not resemble any of the bodies they saw on screens. It is essential for young people to see role models who look like them. This diversity must extend to the fashion

industry, making clothing available in a wider range of sizes. Local activists in Edmonton like Marielle Elizabeth (2021) have been taking great strides to support this endeavor.

Dissertation findings support several possible directions for future research. My recommendations focus more on the research approach than research topics per se. An important first step is bridging the gap in communication between weight stigma and obesity researchers, in order that both sides are aware of and engaged in strategies to reduce weight stigma (Hart et al., 2020). We must also ensure that weight stigma research does not stay confined to academic journals. Attention should be paid to how we translate knowledge if we want health and education professionals, for example, to make use of evidence on weight stigma in their practice.

Researchers must also continue to give young people opportunities to speak for themselves on matters directly affecting them and their futures. While informants' engagement in this research was relatively short-term (less than a year), it would be valuable to explore strategies for sustaining young people's engagement in weight stigma activism and research, such as entrenching a youth committee into an already-established organization like Obesity Canada. As evidenced in this dissertation, young people have limited access to supports and resources for coping with and challenging weight stigma. In schools, there was a poignant lack of effective anti-bullying policies and programs supporting student safety. Young people could share important insights in research efforts to mitigate the health and social consequences of weight stigma, including bullying. Participating in or leading such initiatives may help young people acquire the knowledge and skills required to advocate for inclusive social environments and effect institutional shifts in thinking about weight and health.

Finally, future research should consider intersectional approaches to understanding and reducing weight stigma, recognizing that weight stigma is just one of many forms of stigma

harming the health of young people (Government of Canada, 2019a; Stangl et al., 2019). We should continue to use purposeful recruitment strategies to engage participants from traditionally underrepresented populations (Erves et al., 2017), such as racial and ethnic minoritized groups (e.g., Indigenous people (Cyr & Riediger, 2021)), sexual and gender minority people, and people who experience socioeconomic deprivation.

Conclusions

In this institutional ethnographic dissertation, I examined young people's work of growing up in larger bodies and found that their local experiences were socially organized by ruling weight and health discourses. Unveiling the dominant discourses embedded in young people's talk can help public health researchers and practitioners collaborate with young people to disrupt and alter these discourses in ways that will better serve all people in larger bodies. It is humbling to acknowledge the ways in which we as individual public health researchers and practitioners perpetuate weight stigma—for instance, by shopping at clothing stores inaccessible to people in larger bodies, preferentially viewing thin ideal content on social media, joking "harmlessly" about going for a run to burn off that holiday weight, or failing to question the need to weigh patients at each and every clinic visit—even when we sincerely believe our intent is the opposite. The findings of this dissertation suggest that we can no longer turn a blind eye to our complicity in maintaining the status quo. Evidently, despite several decades of research on the causes and consequences of weight stigma, little progress has been made in reducing it. Radical innovation in public health is needed, now.

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A1. Email sent to University of Alberta students:

---------- Forwarded message ----------
From: Alexa Ferdinands <aferdina@ualberta.ca>
To: students-digest@mailman.srv.ualberta.ca
Cc:
Bcc:
Date: 31 Mar 2019 17:39:55 -0600
Subject: [Students-digest] FYI: Youth participants needed for weight bias research study

> FYI: Youth participants needed for weight bias research study
>
> Are you:
> -Between the ages of 13-21?
> -Interested in sharing your experiences of what it has been like to grow up in bodies labelled as overweight or obese?
> Then we would like to chat with you!
> We are doing a study about weight bias experiences of young people with
> obesity. Weight bias is when people are treated unfairly because of their body size. We want to better understand how weight bias happens, so that we can find effective ways to reduce it. We are recruiting young people for interviews. You will get a $30 Chapters-Indigo gift card for participating.
> Please share with friends and family who might be interested.
> For more information, please email Alexa at aferdina@ualberta.ca.
>
> This email was sent to: Students

A2. Online recruitment via Obesity Canada:

https://obesitycanada.ca/oc-news/ualberta-young-people-aged-13-18-with-obesity-needed-for-interviews-in-research-study-about-weight-bias/ (posted January 29, 2019)

UAlberta: Young People (Aged 13-18) With Obesity Needed for Interviews In Research Study About Weight Bias

Young people (aged 13-18) needed for study about their experiences growing up in bodies labelled as 'overweight' or 'obese'

We are doing a study about weight bias experiences of young people with obesity. Weight bias is when people are treated unfairly because of their body size. We want to better understand how weight bias happens, so that we can find effective ways to reduce it.

Are you:

Between the ages of 13-18?

In the Edmonton area?

Interested in sharing your experiences of what it has been like to grow up in bodies labelled as overweight or obese?

Then we would like to chat with you! We are recruiting young people for face-to-face interviews. You will get a $30 Chapters-Indigo gift card for participating.

To participate or get more information, click here or contact Alexa Ferdinands by email at aferdina@ualberta.ca.

Please share with others, including your teens at home, who might be interested.

A3. Recruitment poster:

UNIVERSITY OF ALBERTA

Are you a youth (aged 13-21) who is overweight or lives with obesity?

If so, we want to hear from you! We want to talk to youth like you to learn about what it has been like to grow up in a body labelled as "overweight" or "obese". Youths' voices tend to be overlooked in research, but we believe that it is very important to listen to what you have to say. We are inviting you to participate in an interview.

You will get a **$30 Chapters-Indigo gift card** for sharing your experiences.

Image credit: Rudd Centre for Food Policy & Obesity

For more information, email Alexa at aferdina@ualberta.ca

Alexa Ferdinands aferdina@ualberta.ca

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Pr00083377 A participatory exploration of young people's experiences growing up in bodies labelled as overweight or obese

Appendix B – Individual Interviews: Information Letter and Consent Form

Study Title: A participatory exploration of young people's experiences growing up in bodies labelled as overweight or obese

Principal Investigator:
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Background
Young people who are labelled as overweight or obese sometimes experience judgement or negative treatment from others because of their weight. An example might be someone being teased about their size, or not getting picked to be on the team in gym class. When things like this happen to a person over and over again, it can affect how they feel about their life and make them feel sad, lonely, or frustrated. Not much research about this problem has been done yet to include the voices of young people. We believe that this is an issue. This is why we have designed this study to involve young people, like you. We know that young people have an important role to play in helping us find ways to improve the well-being of young people living in larger bodies.

By being part of this study you will be able to share your experiences of what it has been like to grow up in your body over the years. This will help us better understand how people come to treat people differently because of body size, and what can be done to change this. This study will only include young people aged 13-21 in Edmonton, St. Albert, and Sherwood Park. But, what we learn about in this study will help youth living with obesity in other places too.

Purpose
This research study aims to explore how young people experience unfair judgment by others based on their weight in their daily lives.

Study Procedures
This is a participatory research study, which means that the people participating (including you) will help make decisions about what happens in the study. First, there will be a 30-45 minute long interview, where we will get to know you better. At the end of this interview, you will be asked if you want to participate in follow-up interviews to talk more about your experiences. That choice will be completely up to you.

All the things talked about above will take place at a time and place that works best for you, outside of school hours. Interviews will be audio-recorded and notes will be taken. The information that is audio-recorded will be typed out by the researcher so it can be read as well as listened to.

Benefits
You may not benefit directly from being in this study. We hope that the information we get from doing this study will help us better understand how and why people are treated differently because of their size, so that together, we can find better ways to reduce this problem. Your participation may also make others more aware of this unfair treatment and the negative ways it affects young people's lives. Plus, your participation counts as volunteer work, where you will learn about how research works.

You will get a $30 Indigo gift card at the beginning of the interview for participating in this study, even if you choose to withdraw partway through the interview. You will not have to pay anything to participate in the research.

Risk
You cannot be physically hurt by participating in this project. You might, however, experience some emotional discomfort. It can be difficult talking about things that are hard in your life. Sometimes this can bring up bad memories or make people feel uncomfortable. You only have to share what you want to in the interview, during the group interviews, and as a part of the engagement committee. You can also tell us you if don't want to answer a question at any time. Everything you tell us will stay confidential. This means we will not share what you say with other people. There a few things that we might have to share with other people. For example, if you share something that makes us think you or someone else is unsafe, then the law says we have to share this with others who can help. If during the study, you feel like you want to talk to a professional (like a counsellor or psychologist) about your experiences then you can let us know and we will find someone you can talk to.

Voluntary Participation
You do not have to participate in this study as participation is completely voluntary. Even if you agree to be in the study, you can change your mind and tell us that you don't want to participate anymore. You do not have to answer all of the questions in the interviews if there are certain questions you would like to skip. There is absolutely no penalty if you choose to stop participating in the study. You can also ask the interviewer to turn off the audio recorder at any time.

You can withdraw from the study up until two weeks after your interview. You can participate in as many interviews as you would like.

You can talk with your parents, if you would like, about whether you want to participate. Each time we meet, we will remind you about the voluntary nature of this study and your right to withdraw at any point.

Anonymity & Confidentiality
Study results will be included in a research report, called a dissertation, prepared by the main researcher. Results will also be presented at conferences and published in journal articles. We will work hard to make sure that other people reading the results don't know who participated. A pseudonym (fake name) will be used rather than your real name when direct quotes from interviews are used. Most of the time we will try to talk about the information learned as a group

(rather than speaking about one person's experience). We will do our best to make sure others don't know that it is you sharing information.

The audio tapes and interview transcripts (typed out versions of the interviews) will be kept in a secure storage cabinet in the Supervisor of the Principal Investigator's office in the School of Public Health at the University of Alberta for five years to maintain confidentiality (keep them private). Your contact information will also be locked away in a safe place at the University of Alberta. The information that is on a computer will be kept on separate secure computer servers with password protection.

Further Information
If you have any more questions about this study, you can email the main researcher, Alexa Ferdinands, at aferdina@ualberta.ca. The University of Alberta has a process to make sure that all research that is done is safe for the people participating. This study has gone through this process and the University of Alberta ethics office has agreed that it is a safe study. If you have questions about this process or about your rights as a participant you can call the Research Ethics Office at (780) 492-2615.

Consent Statement
I have read this form and the research study has been explained to me. I have been given the opportunity to ask questions and my questions have been answered. If I have more questions, I have been told whom to contact. I agree to participate in the research study described above and will receive a copy of this consent form after I sign it.

Do you agree to be contacted for follow-up? Yes_____No_____

Do you agree for any materials created by you (e.g., direct quotes) as part of this study to be included in:

Articles   Yes_____No_____

Presentations (print or slide form)   Yes_____No_____

Reports   Yes_____No_____

Would you like a copy of the research findings? Yes_____No_____

Your first and last name: _____

Your age:_____

Your signature: _____

Date: _____

I, _____, received a $30 Chapters-Indigo gift card.

_____

Parental/Guardian Consent: My signature on this sheet indicates that I have received information about the nature of the study, its purpose, and procedures, and I will allow my child, _____, to participate in the study, *"A participatory exploration of young people's experiences growing up in bodies labelled as overweight or obese*."

Name of parent or guardian: _____

Signature of parent or guardian: _____

Date: _____

_____

Name of person obtaining consent: _____

Signature of person obtaining consent: _____

Date: _____

Appendix C – Individual Interview Topic Guide

Purpose: To elicit a descriptive account of youths' everyday weight bias experiences, and to identify preliminary topics for exploration in subsequent interviews.

Introduction:
-Review consent form with participant
-Describe the overall purpose of the research, and the more refined aim of this first interview. Define weight bias as it is described in the literature (making unfair judgements about people because of their weight) and provide some examples.
-Clarify participant's preferred terminology when discussing weight
-Explain the use of the audio recorder and remind the participant that it may be turned off at their request
-Reiterate that there are no right or wrong answers
-Remind re: confidentiality and ability to withdraw from the interview at any point
-Discuss situations that we would be required by law to report (e.g., child abuse) to authorities

Topic Guide:
-Invite the participant to talk about themselves, hobbies, their family, friends, etc.
-Ask participant to describe a "typical day", detailing their everyday activities in which weight bias may arise.
 -Use of social media
 -Social and/or physical activities
 -Volunteer and/or paid employment
 -School life
 -Eating behaviours
 -How do their activities differ on weekends, or in the summer?
-Explore weight history (stable? fluctuating? diet attempts?), and weight of family members and peers
-Ask participants how they would define weight bias, in their own words.
-Probe for whether participants feel that they have experienced weight bias, and how these experiences have unfolded (including location, who was involved, their age at the time, coping strategies).
-Ask about weight bias experiences that they have witnessed and how those scenarios occurred.
-Invite participant to provide their own definition of weight bias, and query whether there are other ways that they believe weight bias can occur (perhaps experiences they have witnessed) that we haven't yet discussed.

Demographic Questions (dispersed throughout the interview as appropriate):
-Age and grade level
-Gender
-Household composition (# of residents, ages of siblings)
-Places of residence, schools attended
-Ethnic background

Conclusion:
-Explore interest in participating in youth engagement committee
-Arrange for follow-up interviews, if participant is interested. Discuss interests in art, journaling, photo interviewing, and potential mapping exercise for future data generation.
-Discuss preferred means of contact for follow-up (phone or email).

Subsequent Individual Interviews:
The aim of follow-up interviews will be to delve deeper into the social organization of their weight bias experiences. The remaining interviews will draw on experiences discussed in the initial interviews. It is therefore impossible to predict the precise nature, or order, of the issues to be covered.

Informed consent will be reviewed with each subsequent interview, to ensure that the participant is aware that they can withdraw at any stage of the research.

Follow-up interviews will likely revolve around the following topics (as a continuation of discussions from the previous interviews):

Media Influences - How do media messages, including social media, shape obesity discourse and weight bias?
Healthcare Work/ Discourse - How do youths respond to weight-related messages from healthcare providers? Are the messages evidence-based? How do youths and healthcare professionals perceive "health"?
Social Influences - In what ways do settings in which youths live, learn, work and play (e.g., schools, workplaces) influence their weight bias experiences?
Interpersonal Influences - Do individual household members/ peers/ educators etc. influence body image and weight bias practices? How?
Policy Influences - Explore in detail how school/worksite etc. policies implicated in previous interviews (if any) shape their weight bias experiences.

Note: Although the term "focus group" is used in this consent form, I later used "group interviews" to better capture our group process (i.e., I was not analyzing interactions between participants as would be the case in a focus group).

Study Title: A participatory exploration of young people's experiences growing up in bodies labelled as overweight or obese

Principal Investigator:	**Supervisor:**
Alexa Ferdinands, RD, PhD Candidate	Kim D. Raine, PhD, RD, FCAHS
4-347 Edmonton Clinic Health Academy	4-077 Edmonton Clinic Health Academy
School of Public Health	School of Public Health
University of Alberta	University of Alberta
Edmonton, AB, T6G1C9	Edmonton, AB, T6G1C9
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	(780) 492-9415

Background
Young people who are labelled as overweight or obese sometimes experience judgement or negative treatment from others because of their weight. An example might be someone being teased about their size, or not getting picked to be on the team in gym class. When things like this happen to a person over and over again, it can affect how they feel about their life and make them feel sad, lonely, or frustrated. Not much research about this problem has been done yet to include the voices of young people. We believe that this is an issue. This is why we have designed this study to involve young people, like you. We know that young people have an important role to play in helping us find ways to improve the well-being of young people living in larger bodies.

By being part of this study you will be able to share your experiences of what it has been like to grow up in your body over the years. This will help us better understand how people come to treat people differently because of body size, and what can be done to change this. This study will only include young people aged 13-21 in Edmonton, St. Albert, and Sherwood Park. But, what we learn about in this study will help youth living with obesity in other places too.

Purpose
This research study aims to explore how young people experience unfair judgment by others based on their weight in their daily lives.

Study Procedures
This is a participatory research study, which means that the people participating (including you) will help make decisions about what happens in the study. Since the young people in this study are going to help decide what happens in it, it is hard to know exactly what will happen! But we do know some things that will happen. First, we will have a group interview with researchers and other young people who are overweight or live with obesity. This group interview will be about 45-60 minutes. In these group interviews we will talk together and explore what it is like to experience judgment from others because of body size. You can decide how much you share in

these discussions. Through this project you will also have the chance to start and join a "youth engagement committee". This committee will be a group of young people who live with obesity who are interested in taking action to promote respect for people of all sizes. This committee may meet more than once, but you do not have to come to all of the meetings if you don't want to or aren't able to.

All the things talked about above will take place at a time and place that works best for you, outside of school hours. Group interviews will be audio-recorded and notes will be taken. The information that is audio-recorded will be typed out by the researcher so it can be read as well as listened to. You can ask the researcher to turn off the audio recorder at any time.

Benefits
You may not benefit directly from being in this study. We hope that the information we get from doing this study will help us better understand how and why people are treated differently because of their size, so that together, we can find better ways to reduce this problem. Your participation may also make others more aware of this unfair treatment and the negative ways it affects young people's lives. Plus, your participation counts as volunteer work, where you will learn about how research works.

You will get a $30 grocery gift card at the beginning of the group interview for participating in this study, even if you choose to withdraw partway through it. You will not have to pay anything to participate in the research.

Risk
You cannot be physically hurt by participating in this project. You might, however, experience some emotional discomfort. It can be difficult talking about things that are hard in your life. Sometimes this can bring up bad memories or make people feel uncomfortable. You only have to share what you want to in the interview, during the group interviews, and as a part of the engagement committee. You can also tell us you if don't want to answer a question at any time. Everything you tell us will stay confidential. This means we will not share what you say with other people. There a few things that we might have to share with other people. For example, if you share something that makes us think you or someone else is unsafe, then the law says we have to share this with others who can help. If during the study, you feel like you want to talk to a professional (like a counsellor or psychologist) about your experiences then you can let us know and we will find someone you can talk to.

Voluntary Participation
You do not have to participate in this study as participation is completely voluntary. Even if you agree to be in the study, you can change your mind and tell us that you don't want to participate anymore. You do not have to answer all of the questions in the group interviews if there are certain questions you would like to skip. There is absolutely no penalty if you choose to stop participating in the study.

You cannot withdraw from the group interview once you participate in group discussions, because the data will be analyzed as a whole and we cannot remove individual comments. You can participate in as many interviews or other aspects of the research as you would like.

You can talk with your parents, if you would like, about whether you want to participate. Each time we meet, we will remind you about the voluntary nature of this study and your right to withdraw at any point.

Anonymity & Confidentiality

Study results will be included in a research report, called a dissertation, prepared by the main researcher. Results will also be presented at conferences and published in journal articles. We will work hard to make sure that other people reading the results don't know who participated. A pseudonym (fake name) will be used rather than your real name when direct quotes from interviews are used. Most of the time we will try to talk about the information learned as a group (rather than speaking about one person's experience).

The audio tapes and interview transcripts (typed out versions of the interviews) will be kept in a secure storage cabinet in the Supervisor of the Principal Investigator's office in the School of Public Health at the University of Alberta for five years to maintain confidentiality (keep them private). Your contact information will also be locked away in a safe place at the University of Alberta. The information that is on a computer will be kept on separate secure computer servers with password protection.

We will do our best to make sure others don't know that it is you sharing information. Because you may choose to be in small group interviews with 4-6 other people, those people will be able to identify you based on what you have said in the group. We will ask the other group members to keep what is talked about in the interviews to themselves and not to share it with others. But, we cannot guarantee that other group members will not share what they hear in the group with others.

Further Information

If you have any more questions about this study, you can email the main researcher, Alexa Ferdinands, at aferdina@ualberta.ca. The University of Alberta has a process to make sure that all research that is done is safe for the people participating. This study has gone through this process and the University of Alberta ethics office has agreed that it is a safe study. If you have questions about this process or about your rights as a participant you can call the Research Ethics Office at (780) 492-2615.

Consent Statement

I have read this form and the research study has been explained to me. I have been given the opportunity to ask questions and my questions have been answered. If I have more questions, I have been told whom to contact. I agree to participate in the research study described above and will receive a copy of this consent form after I sign it.

Do you agree to be contacted for follow-up? Yes_____No_____

Do you agree for any materials created by you (e.g., direct quotes) as part of this study to be included in:

Articles   Yes_____No_____

Presentations (print or slide form)   Yes_____No_____

Reports   Yes_____No_____

Would you like a copy of the research findings? Yes_____No_____

Your first and last name: _____

Your age:_____

Your signature: _____

Date: _____

I,_____received a $30 grocery store gift
card.

_____

Parental/Guardian Consent: My signature on this sheet indicates that I have received information
about the nature of the study, its purpose, and procedures, and I will allow my child,
_____, to participate in the study, *"A participatory
exploration of young people's experiences growing up in bodies labelled as overweight or
obese*."

Name of parent or guardian: _____

Signature of parent or guardian: _____

Date: _____

_____

Name of person obtaining consent: _____

Signature of person obtaining consent: _____

Date: _____

Appendix E – Sample Group Interview Topic Guide (First Meeting)

Estimated length of meeting: 60 minutes

Purpose: (a) To regroup after the individual interviews and conduct member checking; (b) to devise a plan of action for next steps for weight bias reduction in the Edmonton community.

Introduction:
-Ice breaker game, group introductions (name, year of study, program)
-Review consent form
-Describe the overall purpose of the research (learn how young people experience their weight), and the more refined aim of this first focus group (to review what I found in our individual interviews, and devise a plan of action for next steps in terms of reducing weight bias in Edmonton)
-Explain the use of the audio recorder and remind the participants that it may be turned off at their request
-Reiterate that there are no right or wrong answers
-Remind re: confidentiality (conversations in the group, stay in the group) and ability to withdraw from the group at any point
-Discuss situations that we would be required by law to report (e.g., child abuse) to authorities
-Ask if anyone has any questions

Topics (using chart paper or whiteboard to record key ideas):
1) Present summary of findings to date and solicit feedback as a means of member reflection (did I hear them correctly?).
    a. Interactions with parents were often more emotionally difficult than those with peers
    b. Awareness that parents had their best interests in mind
    c. Feeling like they stuck out in the classroom
    d. Self-monitoring weight through the scale and mirror
    e. Social media worsened how you felt in your body, which has become particularly apparent through platforms like online dating.
    f. Familiarity with the BMI and growth charts (many of them used medicalized language)

2) Review any topics requiring clarification, such as preferred language about body weight (with the goal here not being to reach consensus, but to explore this subject deeper).
    a. Do you talk about your weight differently than your friends or parents do?
    b. How did you first learn about the BMI?
    c. What language do you use to describe body size?
    d. What words would you prefer to see people use?
    e. I noticed that a lot of you talked about "my weight". Can we talk a little bit more about this?
    f. Some of you had talked about realizing the first time you identified yourself to be fat as when you first got to school. Would you say this to be true? Were there

other instances that arose when you first "realized" you were heavier? How did you know that you were "overweight" or "obese"?

3) Brainstorm recommendations for next steps. Possibly write an open letter, or set of recommendations for parents, health care providers, educators, (and maybe their peers?). Depending on time, could dedicate one meeting to each of these target groups.
4) Discuss next steps and plan for next meeting (2 weeks from now).
5) Final questions/comments?

Appendix F – YouTube Data Collection Guide

1) Date of viewing:

2) Video title:

3) URL:

4) How many times has this video been viewed?

5) When was the video released on YouTube?

6) How many thumbs up (likes) does this video have?

7) How many thumbs down (dislikes) does this video have?

8) Observe the people in the video.

    a. What is their ethnicity/race?

    b. Gender?

    c. Estimated age?

9) In one or two sentences, what is this video about?

10) On a scale from 1 to 10, how much did you like this video? (1=hated it, 10=loved it)

11) Did you like anything in this video? If so, what?

12) Did you dislike anything in this video? If so, what?

13) What kinds of words do people in this video use to describe body size? (e.g., fat, obese, heavy, big)

14) How does this video make you feel about your body, and other bodies?

15) What does this video say about body size, if anything?

16) Would you recommend this video to your friends? Why or why not?

17) Are any fat stigmatizing comments written about this video (limit observations to the first twenty comments made)? If so, what do they say?

Appendix G – Infographics for Healthcare Providers and Educators (Digital Versions)

Note: Infographics were also created as a printable series of six 1-page handouts for each of healthcare providers and educators.

Appendix H – Open Letter to Parents

Available from: https://obesitycanada.ca/oc-news/what-its-like-to-grow-up-in-a-larger-body-a-letter-to-parents/

What it's like to grow up in a larger body: A letter to parents

Dear Parents,

Fat. Chubby. Overweight. Too big.

How do you feel when you read those words?

We know that many parents worry about their children's weight. Our parents did. You see, we grew up in larger bodies. But sometimes, we felt misunderstood by those around us. We want to share a little bit about what it was like with you, as our experiences may resonate with those of your children.

We know that you always have the best intentions for your children.

But sometimes these good intentions have unintended consequences.

For example…

We know that you worry about our health, which is why you comment on our weight, diet, or exercise habits.

But telling us that we will get diabetes or heart disease does not encourage us to lose weight. In fact, we might cope with this fear by overeating.

We know that when you ask us if we're still hungry, it's because you're concerned about our weight.

But there are many factors that affect weight beyond diet and exercise. Questioning our hunger teaches us to ignore our body's cues, harming our relationship with food for years to come.

We know that you want to do everything in your power to shield us from bullying. Maybe you think that if we lose weight, other kids won't bully us.

But telling us to lose weight lowers our self-esteem. Though we are now in our late teens and early twenties, we vividly remember things that people said to us when we were very young.

We know that you may feel ashamed when other adults, like relatives, comment on our body size in public.

But when you stay silent, it seems like you're agreeing with them. We need you to stand up for us.

We know that you are not immune to society's unattainable body image ideals.

But you are our role models. When you talk about how you hate your body and need to go on a diet, we learn to hate our bodies too.

We know you want us to be happy.

But telling us we will always be alone because of our size tells us that relationships are built on how we look, not who we are.

Reading and reflecting on this letter is a good starting point to support us. Please listen to and trust us. Give us space to talk and ask us how we feel. Every child is unique in terms of their needs and preferences.

Thank you for taking the time to listen,

The Youth Weight Bias Working Group at the University of Alberta