An Intersectional Feminist Analysis Towards Student Body Image Dis/satisfaction in
Alberta Schools

by

Anita Khakh

A thesis submitted in partial fulfillment of the requirements for the degree of

Master of Education

in

SOCIAL JUSTICE AND INTERNATIONAL STUDIES

Department of Educational Policy Studies
University of Alberta

Abstract

Scholars have argued that anti-obesity health discourses currently pervade Canadian schools and detrimentally impact students' mental and physical health (Robertson & Scheidler-Benns, 2016). Although schools across the country ubiquitously deploy these discourses, it is important to understand how they actually affect students and what students make of them. This study takes as its premise that the ways in which anti-obesity discourses affect students is nuanced and dependent on a multiplicity of intersecting factors, such as gender, race, socioeconomic status and dis/ability, to name a few. Anti-obesity discourses are problematic because they convey hyper-vigilance over fat bodies and encourage the individualization of responsibility over health while ignoring the interplay of structural, socio-cultural, psychological and biological complexities. Additionally, they exist despite evidence that indicates there are an increasing number of pre-adolescent girls struggling with body image dissatisfaction and eating disorders (Robertson & Thomson, 2012), which have the highest mortality rate among those with mental illness (Leblanc, 2014).

I aim to address gaps in research that are yet to understand and analyze how current health discourses located in curricular documents affect young people who self-identify as girls across varied and intersecting dimensions of their identity and experience of Canadian school systems. Relying on my experience as an elementary educator with prior work completed in the field of eating disorder prevention, I adopt an intersectional feminist framework, analyzing how grade six girls construct their body image dis/satisfaction in the province of Alberta, where body image is thoroughly integrated across the health and physical education (HPE) curriculum. In this thesis, I conduct a

discursive analysis of Alberta's HPE curriculum documents to delineate the silences, assumptions and constructions of discourses and policies and connect them to the context in which they are grounded. Additionally, I conduct individual, semi-structured interviews with nine students who identify as girls at two schools located in Edmonton, Alberta in order to consider what these students make of the discursive constructions in HPE, as this continues to be an existing gap in research studies. My analysis led me to conclude that grade six girls have internalized anti-obesity *and* body equitable approaches from HPE curriculum documents, encouraging discursive confusion, body distress and harmful eating/self-monitoring behaviours. This is an outcome, I argue, of an individually focused approach to change in curriculum and pedagogy. I offer curriculum modifications and the implementation of a new policy that mandates school encouragement for building collective spaces for social action, such as "girls clubs," to reduce the negative implications of current health discourses. Such spaces would allow girls to demand structural changes that address issues such as gender discrimination in ways that places greater responsibility for social transformation onto socio-political and educational institutions rather than individual students. The findings and offerings from this study can help shape future institutional changes to improve body image satisfaction among the multiplicity of students who identify as girls in the province of Alberta.

Keywords: health and physical education curriculum, girls, gender, race, class, eating disorder, intersectional body becoming frameworks

Preface

This thesis is an original work by Anita Khakh. The research project, of which this thesis is a part, received research ethics approval from Edmonton Public Schools and the University of Alberta Research Ethics Board 1, Project Name "An Intersectional Feminist Analysis Towards Student Body Image Dis/satisfaction in Alberta Schools," Study ID: Pro00085246, January 16, 2019.

Acknowledgments

I would like to thank my supervisor, Dr. Dia Da Costa, for offering me her skillful advice, expertise and wisdom throughout all stages of my thesis dissertation. Dr. Da Costa has been a phenomenal role model for me and encouraged me to produce work I did not know I was capable of producing. I would also like to thank Dr. Lauren Sulz, Dr. Shelley Russell-Mayhew and Dr. Dip Kapoor for carving out time from their busy schedules to participate in my oral examination. I would like to give my regards to Edmonton Public Schools, the teachers who welcomed me into their classrooms and the students who shared their experiences with me. Last but not least, I am forever grateful to my supportive colleagues, friends, partner and family as this thesis would not have been possible without their unwavering support and confidence in me.

Table of Contents

Introduction: An Intersectional Feminist Approach to Body Image and Health

Discourse in Alberta Schools

Childhood obesity is a primary Canadian health concern that is apparent in nearly every provincial and territorial obesity prevention policy (Salas, Forhan, Caulfield, Sharma, Raine, 2017). These policies may be well-intentioned but they are problematic for multiple reasons, including their contribution to weight bias, otherwise known as "the devaluation of large bodies in society, which leads to negative attitudes, beliefs, and stereotypes" (Nutter, Russell-Mayhew, Arthur & Ellard, 2018), and the idea and stigmatization of personal irresponsibility over one's health and participation in physical activity (Salas et al., 2017). Both weight bias and messages of personal irresponsibility co-exist with low self-esteem and result in a self-defeating cycle that can, in turn, increase health issues as opposed to decreasing them (Salas et al., 2017). To further problematize this issue, Canadian health policies that pejoratively discuss the ways in which to decrease obesity are situated within provincial and territorial school curriculum and do not consider the complex embodied experiences or intersectional forms of structural oppression that may act as barriers for certain students.

"[Students will] analyze personal eating behavior – food and fluids – in a variety of settings" (Alberta Education, 2002, p. 7). On the face of it, this grade six Alberta health outcome sounds harmless, even necessary. However, as I will demonstrate, coming from the Ministry of Education in the Government of Alberta, it is an authoritative discursive statement that strongly encourages individualistic self-surveillance tools that fit within broader anti-obesity health discourses pervading Canadian schools. Dominant discourses of health that advocate on behalf of obesity

prevention have often caused "increased pressure and anxiety for students…weight bias, stigma, low self-esteem, disempowerment, and eating disorders" (Robertson & Scheidler-Benns, 2016, p. 163). Scholars critique these discourses for being simplistic and individualistic, and for conveying messages that suggest health is directly related to body shape, that it is a personal choice and can be monitored in accordance with Body Mass Index tools (Robertson & Thomson, 2012). Additionally, anti-obesity discourses exist despite evidence that indicates there are an increasing number of pre-adolescent girls struggling with body image dissatisfaction and eating disorders (Robertson & Thomson, 2012).

People with eating disorders have the highest mortality rate compared to any other mental illness and they typically emerge during the period of pre-adolescence, predominantly affecting those who identify as girls (Leblanc, 2014). Despite this reality, few provinces and territories in Canada have implemented body equity or critical health approaches into the curriculum and many have neglected to address body image altogether (Robertson & Thomson, 2012). Namely, scholars have ranked Alberta (AB) and Prince Edward Island (PEI) as the only two provinces to incorporate body image messages across all elementary grade levels and as the top provinces in terms of challenging dominant health discourses (Robertson & Thomson, 2012). To elaborate, Alberta and PEI tend to align more appropriately with critical health approaches, as opposed to anti-obesity approaches, and emphasize body equity and Health at Every Size (HAES) models (Robertson & Scheidler-Benns, 2016). Body-equitable approaches that support complex messages, such as "people can be healthy at different sizes" (Robertson & Thomson, 2012, p. 342) and "multiple factors determine a healthy life" (Robertson &

Thomson, 2012, p. 342) have been proposed by scholars as an alternative way in which to interpret health. In comparison, provinces and territories such as Manitoba, Quebec, Nunavut, and the Northwest Territories fail to address body image at all in the elementary grade levels, drawing parallels to dominant discourses of health (Robertson & Thomson, 2012).

Given Alberta's unique curricular makeup, which purportedly minimizes obesity prevention discourses and highlights topics that embrace body equity (Robertson & Thomson, 2012), in my thesis, I asked the question: how are grade six girls constructing their body image dis/satisfaction? This study aims to address current gaps in research that are yet to understand and analyze how current health discourses located in curricular documents affect young people who self-identify as girls across varied and intersecting dimensions of their identity and experience of Canadian school systems. More specifically, the purpose of this qualitative study is to explore how Canadian health and physical education (HPE) curriculum documents construct body image dis/satisfaction and disordered eating behaviours among students who self-identify as girls, particularly for those located in the province of Alberta, where body image is thoroughly integrated into the curriculum (Robertson & Thomson, 2012). The objectives of the study are to a) identify dominant discourses of health within Alberta's HPE curriculum, b) identify the ways in which these curricular discourses are constructing their body image dis/satisfaction of themselves and each other and c) better understand how girls construct meanings in relation to constructions of health curriculum and policy discourses of health

An intersectional feminist theoretical framework, paired with a critical body-equitable health approach, will help to dissect conflicting approaches of health by

analyzing them in relation to broader social constructs, such as discourses of health and the interplay of dimensions, such as gender, race and class, to name a few. To be exact, intersectional feminism brings greater focus to the lived experiences of students, and how their complex identities are constructed by and in turn help navigate institutional, structural and geographic barriers. In the context of this study, intersectional feminism provides insight on the embodied experiences of participants in terms of how they navigate structural norms perpetuated in schools. For example, when asked to respond to the question, "How can schools do a better job of teaching girls to love and accept their bodies?" a participant by the name Keisha (pseudonym) stated,

> I feel like a lot of schools could still work on how they are talking to girls and how they - just like watching if they are being sexist and being more mindful about what they are talking about if it may be sensitive towards a girl but not as much for a boy and just being more supportive to girls. At my old school I was always being bullied on how I look so I went to teachers and then they wouldn't do anything they'd just say "oh you're being a baby" but if someone was being bullied, like a boy was being bullied, then they'd be like oh we're going to bring that person to the principal and were gonna make them suspended.

This excerpt from Keisha exemplifies the importance of capturing students' embodied experiences within the school context to identify where problematic tensions arise. Keisha identifies as a girl and is non-White presenting, but as we later find out, comes from a middle-class family. Keisha experiences simultaneous forms of oppression and privilege that are both unique to her own experiences of presenting as a racialized girl from a middle-class family and structured by patterns of domination and subordination.

To speak more to this, intersectional feminism fosters meaningful analyses that shed light on the ways in which students may dynamically experience oppression from a multiplicity of sites and the ways in which power operates through political, economic, educational and familial systems (Collins 1998). As such, intersectional frameworks provide a crucial means towards better understanding the ways in which young girls in school systems are constructing their body image dis/satisfaction.

A critical health approach complements an intersectional feminist framework by critiquing the systems in place that marginalize individuals who do not fit into the hegemonic norm. I use the term "critical health approach" in relation to the field of health literacy and the work of critical health literacy scholars, such as Deborah Chinn (2011) and Don Nutbeam (2000). Critical health literacy is characterized by social determinants of health (SDOH), or issues of "income, early life experiences, education, food security, employment, health care services, social cohesion, political empowerment and gender equity" (Mogford, Gould & Devoght, 2010, p. 5). Critical health literacy is an integral part of critical health approaches as it includes elements of intersectional analyses by highlighting structural complexities that factor into one's ability to achieve health by accounting for broader, social determinants (Nutbeam, 2000).

Although critical health literacy proves useful as a lens that encourages an analysis of a multiplicity of social factors, its goals include individual and behavioural changes (Chinn, 2011). For instance, health literacy places responsibility on the individual to make health literate choices using cognitive skills (Chinn, 2011). As a result, scholars, such as Chinn (2011), suggest moving "beyond an understanding of critical health literacy as an individual achievement, to take account of recent research

that sees these as "distributed competencies" which can be dispersed though an individual's social network" (p. 65). The "collective action" that proponents of critical health literacy advocate for is an integral component of critical health literacy that makes it useful in the context of this study (Chinn, 2011).

Rather than relying solely on critical health literacy, I suggest critical *body-equitable* health *approaches* be used. To elaborate, I use critical body-equitable health approaches in the context of this study to acknowledge interdisciplinary work that adds substantial depth to what critical health literacy proposes. More specifically, such an approach questions dominant discourses of health and shifts responsibility away from individual behavioral changes to structural changes. Critical body-equitable health approaches include identifying dominant discourses located within HPE curriculum documents, call for the development of systemic policy changes, advocate for body equity and incorporate elements of critical health literacy that address the SDOH, and advocates for the construction of spaces for collective action among students in school. The use of intersectional feminism, in tandem with critical body-equitable health approaches, ensures that the multiple lived realities of girls is considered when analyzing dominant discourses within curriculum documents, how girls make meaning in relation to discursive power of the HPE curriculum and how this shapes the construction of their body image dis/satisfaction.

Intersectional feminism and critical body-equitable health approaches are developed more in the Introduction in tandem with theories from three influential feminist scholars in order to attend to the interdisciplinary facets of the research study that incorporate biological, psychological and socio-cultural analyses of how body image

is shaped through systems of power. I reference Judith Butler, a renowned poststructuralist gender theorist who follows the work of Michel Foucault, amongst others, to discuss notions of gender performativity, gender intelligibility and subjecthood (1999). Butler's (1999) work discusses how ideals of femininity and masculinity are constructed and how subjects are formed through relationships of power. Although Butler's (1999) theories are useful in helping to better understand how girls learn to associate femininity with their gender identity and the ways in which power relations inundate their lives, I also argue that they can be problematic because they do not take into account bio-physical forms of development, such as puberty.

Unlike Butler, Canadian scholar Carla Rice (2014) does consider the role of bio-physical development in her work. In particular, Rice (2014) addresses topics pertaining to body equity, body-based harassment and body becoming theory. More specifically, I utilize Rice's (2014) work to bridge connections to the social, psychological and physical lived experiences of girls and how they come to "be" in their bodies depending on variables such as ethno/cultural backgrounds, race and dis/ability. Rice (2014) offers a fluid approach towards how bodies come to be that can be enriched with intersectional feminism and structural understandings of how bodies are shaped by systems of power. I will draw on the profound work of Black feminist theorist and scholar, Patricia Hill Collins to elaborate on the overarching intersectional component of the study's theoretical framework. Collins' (2000) work is grounded in the centuries-long legacy of Black feminist thought and it makes visible the origins of intersectionality and helps to explain why it is impossible to analyze embodied experiences of girls without situating them within multiple and intersecting systems of power and oppression.

Kimberlé Crenshaw (1994), a critical race and Black feminist theorist, first coined the concept of intersectionality in "Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics" (1989). Crenshaw (1989) argued, discrimination is not unidirectional but it can be instead thought of as a traffic intersection with cars travelling from all different directions. In other words, Crenshaw (1989) had initially claimed that intersectionality could be understood by reframing the ways in which one thinks about discrimination –as multifaceted and confounding rather than isolated and unidirectional. Collins' work relates to that of Crenshaw's but is nuanced in the sense that it explores concepts such as educational equity and "interlocking systems of oppression" as opposed to a traffic intersection analogy (Carastathis, 2016, p. 42). Of the three feminist scholars who help structure the analysis in the study, Collins helps me build an intersectional framework for this study.

An intersectional feminist framework is particularly suited to understanding how grade six girls construct their body image dis/satisfaction. This is because it allows for a dynamic analysis of student-specific and overarching, systemic barriers that girls are encountering by attentively factoring in aspects such as, socio-economic status, race, dis/ability, religious faith and gender, to name a few. To elaborate, I have taken the individual identities of students into consideration and collected them through a Personal Identifier Form (see Appendix A) in order to account for empirical claims that are in alignment or misalignment with both embodied and situated knowledge (Dhamoon, 2011). With that being said, I follow intersectional feminist scholar Rita Dhamoon's caution by not solely focusing on "categories of difference (e.g., race and gender)"

(Dhamoon, 2011, p. 233). Rather, I also incorporate "processes of differentiation (e.g., racialization and gendering)" (Dhamoon, 2011, p. 233) and "systems of domination (e.g., racism, colonialism, sexism and patriarchy)" (Dhamoon, 2011, p. 233) in my analysis. Not only does this support a "multidimensional analysis of how power operates" (Dhamoon, 2011, p. 233), but it avoids producing a monolithic student that can be defined based on the categories that they do or do not fit into. In other words, "working intersectionally allows us to begin to challenge tendencies toward essentialization and generalization. After all, a Black fat body will be read differently than a White fat body, as will a fat woman's body compared to a fat man's body" (LaMarre, Rice and Jankowski, 2017, p. 8). At the same time, intersectional approaches also allow us to attend to the complexity of structures of oppression themselves to forward enriched and complex approaches to social and policy transformation.

It is important to acknowledge that the individual identities of students and their empirical claims are situated within broader systems of interlocking power that shape oppression, such as educational systems, western Eurocentrism, heteronormativity, racism, classism, the gender binary and body-based harassment (Dhamoon, 2011). Collins' (2000) work attends to micro (read: individual) and macro (read: interlocking) levels of oppression while also acknowledging that privilege and oppression are complex and can be experienced simultaneously through multiple systems. Collins asserts, "an individual may be an oppressor, a member of an oppressed group, or simultaneously oppressor and oppressed" (Collins, 2000, p. 225). To exemplify how simultaneous forms of oppression and privilege may occur, I outline my own personal experiences in the self-reflection below. In Chapters Four and Five of this study I develop connections between

the individual micro and the broader macro systems of oppression to evidence how they

shape simultaneous forms of privilege and oppression among students.

Self-Actualizing Myself as Someone with an Eating Disorder

In an attempt to situate myself throughout all stages of the research study, I have

practiced a celebrated qualitative research practice, referred to as self-reflexivity (Tracy,

2010). Self-reflexivity is an interpretive process that understands "the researcher, the

method and the data" (Mauthner & Doucet, 2003, p. 414) as interconnected and

inseparable components of the research study in which meaning is made, not simply

found. I practice self-reflexivity by reflecting on my own experiences and relationship to

the research through a detailed self-reflexive piece and by weaving my "reactions or

reflexive considerations" (Tracy, 2010, p. 842) throughout the entirety of the study. With

that being said, self-reflexivity can pose limitations when practices occur at the time of

the study because influences may not be apparent until much later (Mauthner & Doucet,

2003). Because of this, researchers suggest "it may be more useful to think in terms of

'degrees of reflexivity,' with some influences being easier to identify and articulate at the

time of work while others may take time, distance and detachment from the research"

Mauthner & Doucet, 2003). Thus, I understand that while engaging in self-reflexivity as

an ongoing process throughout each phase of the study, I may miss reflexive pieces that

require distance and time to develop.

At the age of 18, I developed and received treatment for an eating disorder

referred to as anorexia nervosa. The truth is, anorexia nervosa had gradually taken over

my life and I had been in denial for roughly six months before I agreed that I had a severe

disordered eating problem despite the fact that the signposts were clear. To be specific, the Diagnostic and Statistical Manual of Mental disorders (DSM) 5 outlines the signposts as:

> A. Restriction of energy intake relative to requirements, leading to a significantly low body weight in the context of age, sex, developmental trajectory, and physical health. *Significantly low weight* is defined as a weight that is less than minimally normal or, for children and adolescents, less than that minimally expected.
>
> B. Intense fear of gaining weight or of becoming fat, or persistent behavior that interferes with weight gain, even though at a significantly low weight.
>
> C. Disturbance in the way in which one's body weight or shape is experienced, undue influence of body weight or shape on self-evaluation, or persistent lack of recognition of the seriousness of the current low body weight (American Psychiatric Association, 2013, p. 338-9).

At the time, the only associations I had for eating disorders were the ones depicted by the media (read: emaciated, White, middle-to-upper class, heterosexual, able-bodied, cis-gender girls). I could identify with some of the representations, such as being a severely underweight, middle-class, heterosexual, able-bodied, cis-gender girl; however, I have always been hyper-aware of my brown skin as a South Asian born and raised in Canada, which presented as an obvious outlier. The criteria outlined by the DSM 5 (American Psychiatric Association, 2013) fails to acknowledge the complexities and systems of domination (Dhamoon, 2011) that may impact diagnoses of anorexia nervosa, such as racist and classist stereotypes. The DSM 5 references sex as opposed to gender to define criteria and, by so doing, ignores western notions of femininity that normalize thinness

for women and girls (Rice, 2014). The nuances that go unrecognized by the DSM 5 (American Psychiatric Association, 2013) likely contribute to the reason why millions of eating disorder cases go undiagnosed (NEDIC, 2014) and highlight the importance of intersectional analyses when considering eating disorder diagnoses. In the context of this study, intersectional analyses not only dismantle stereotypes about eating disorder patients, but also help to better understand how students navigate HPE given the complexity of their experiences.

After entering a treatment program I began to recognize that I was not the only outlier, but that there were individuals of different sizes, sexual orientations, gender, class status and ability all seeking treatment. That said, I credit my ability to access treatment fairly quickly due to the numerous stereotypical representations of the "eating disorder patient" (LaMarre, Rice & Jankowski, 2017, p. 3) that I fit into at the time. The ability to receive treatment quickly is an example of my bodily size, socio-economic, heteronormative, able-bodied, cis-gender privileges. Although I possess these privileges, I did not initially recognize myself as someone with an eating disorder because of the racialization that I have internalized. Collins (2000) work and the notion that oppression is complex and can occur simultaneously with experiences of privilege is useful to consider here, as it has resulted in unique circumstances that have shaped my experiences differentially than others, particularly in regards to accessing treatment and self-actualizing myself as someone with an eating disorder.

To elaborate further, the treatment program I was able to access was situated within a hospital and offered schooling up to grade 12. Many of the individuals seeking treatment would attend the on-site school in between meals but because I was enrolled in

a transition high school, that allowed me to take high school courses and retake courses I previously did not do well in, I had to travel from the treatment program to school every day between meals without external resources or support. Luckily enough, I had the resources and support available to do this so that I could complete my high school requirements and receive acceptance into the University of Alberta in the fall. Depending on the type of diagnoses, some patients were only able to leave the hospital unit while supervised and others who typically struggled with bulimia had a "post" time in which they were unable to leave after eating until a specific amount of time had passed. Fortunately, I was able to leave the unit and return for meals on my own terms and did not have a "post" time. Additionally, because I lived in Edmonton and my case was not the direst, I was able to attend the hospital program as an outpatient. There were roughly 10-12 beds on the unit and they were reserved for the patients who typically lived outside of Edmonton and in the most need of medical attention. Because I attended the program as an outpatient, I did not require an inpatient bed but those who did, typically had to advocate on behalf of themselves as to why, likely due to the limited number of beds and priority system in place (read: patients who lived outside of Edmonton and/or extremely ill). Patients who accessed the program from outside of Edmonton typically came from Calgary or the greater Edmonton area and were primarily White, with a few exceptions.

After navigating the many stages of recovery, which I was notably privileged enough to access, I was galvanized to help others in the community learn more about eating disorders and those who were struggling to navigate accessible treatment options. As a result, I became involved with the Eating Disorder Support Network of Alberta (EDSNA), a non-profit organization within the city of Edmonton that runs support groups

and advocacy events throughout the year. Involvement as a past volunteer and contract employee with EDSNA has equipped me with public speaking hands-on experience with those directly affected by eating disorders. This work, in addition to attaining a Bachelors Degree in Education and currently acting as a substitute teacher with Edmonton Public Schools, has enlightened me about the ways in which pre-adolescents are inundated by health discourses, particularly within the school context. Consequently, I have become compelled to further pursue work in the field of eating disorders in order to address questions and understand how elementary-aged students experience body-based dis/satisfaction and disordered eating behaviours and the role that the curriculum plays in either mitigating or exacerbating these issues.

Recovering from an eating disorder and teaching elementary students has galvanized my research interests and provided me with insight on health discourse, pedagogy, curricula and school environments. I hope the research that I conduct will inform future practices in schools, whether that is through my current role as a teacher or through subsequent, complex roles I intend to hold as a curriculum or policy consultant.

Methodology

My own experiences navigating body image dissatisfaction and an eating disorder as a woman of colour shaped some of the ways I structured this study. In order to capture the complexity of how dominant discourses of health actually play out in the lives and words of grade sixers, I conducted a discursive analysis of policy and curriculum documents and assessed it in relation to scholarship in the field of body image and through an intersectional feminist theoretical framework.

In Chapters One, Two and Three, I conduct a discursive analysis of Alberta's HPE curriculum documents to determine how students are making meaning in relation to anti-obesity and/or critical health discourses, as this continues to be an existing gap in research studies. In Chapter 2, I examine the "Health and Life Skills Kindergarten to Grade 9" (Alberta Education, 2002) and "Physical Education Kindergarten to Grade 12" (Alberta Education, 2000) Program of Studies (PoS), including their individual program rationales and philosophies and their general and specific learning outcomes. In doing so, I identify outcomes that align with dominant discourses of anti-obesity or critical health approaches in order to demonstrate the prevalence of simplistic versus complex messaging within curricula. The scope of the study is delimited to outcomes from kindergarten to grade six because this is an important time period in the years preceding adolescence.

In an attempt to capture the complex and intersectional embodied experiences of grade six girls I conducted an interpretive analysis of basic qualitative interviews, characterized by the construction of meaning based on experiences, in the context of this study to determine how meaning is constructed in relation to the discursive power of the HPE curriculum (Merriam & Tisdell, 2016). This allows me to uncover "(1) how people interpret their experiences, (2) how they construct their worlds, and (3) what meaning they attribute to their experiences" (Merriam, & Tisdell, 2014, p. 24). Basic qualitative research paradigms involve purposeful samples, data collection in the form of interviews, data analysis that is inductive and comparative and findings that are "presented as themes/categories" (Merriam & Tisdell, 2014, p. 42). In this study, I used a purposeful sample that targeted different grade six girls within the Edmonton Public School District,

collected data through the facilitation of semi-structured individual interviews and developed the findings into emerging themes and sub-themes. The results of the study may help to shape future curricular changes in the realm of HPE, having the potential to reduce weight stigma, individualistic messages of health and disordered eating behaviours among students in Alberta and beyond.

The Research Sites

I selected two schools in Edmonton, Alberta as the sites for the study. Both schools belong to the Edmonton Public Schools district however offer different forms of programming. School A provides programming for kindergarten to grade 12 students and is located in the downtown core of the city, while School B provides programming for kindergarten to grade six students and is located in a residential neighbourhood near the outskirts of the city. The goal was to include two or more schools in the study in order to expand the participant population. Due to the time of the year in which the interviews were scheduled, it was difficult for some schools and teachers to accommodate the interviews during class time. Despite this, two grade six teachers from School A and School B found the research topic compelling and agreed to make accommodations in order for their students to participate in the study.

Notably, neither school that participated in this study identified as an Alberta Project Promoting active Living and health Eating in Schools (APPLE School) or as utilizing a Comprehensive School Health (CSH) framework on their school websites. In fact, only 15 out of 219 schools that belong within the Edmonton School Division offer APPLE school programming (APPLE Schools, n.d.). In other words, the students who

participated in this study are representative of the larger student population who attend schools within Edmonton Public Schools district.

Significance to Edmonton Public Schools

This research study is of value to the district for a multiplicity of reasons. It is applicable to all three of Edmonton Public's district priorities, which emphasize "growth and success for every student by supporting their journey from early learning through high school completion and beyond" (Edmonton Public Schools, 2017, p. 2), "provide welcoming, high quality learning and working environment" (Edmonton Public Schools, 2017, p. 2) and "enhance public education through communication, engagement and partnerships" (Edmonton, Public Schools, 2017, p. 2). However, the research goals most closely align with district priority number two, to "provide welcoming, high quality learning and working environments" (Edmonton Public Schools, 2017, p. 2). This is because the research project directly targets goal one, which focuses on "well-being and student citizenship" (Edmonton Public Schools, 2017, p. 2), and goal four, which strives for "effective, efficient, equitable and evidence-based practices" (Edmonton Public Schools, 2017, p. 2).

To elaborate, by analyzing Alberta's HPE curriculum documents and searching for discourses in the curriculum that may benefit or negatively impact students' body image dis/satisfaction, valuable information can be gathered that may help foster environments that are "welcoming, inclusive, safe and healthy" (Edmonton Public Schools, 2017, p. 2). Additionally, because I conducted a thorough literature review and the study seeks to build on previous research completed by scholars in the field, it is grounded in evidence-based practices. For example, I draw on an intersectional feminist

theoretical framework to highlight how systems of power shape how health is framed as a personal responsibility and relies on students to become "healthy citizens" with disregard for a multiplicity of structural barriers (read: socio-economic factors, dis/ability, geographic location) and the interplay of socio-cultural, psychological and biological nuances. This is why I was careful to analyze participant demographics in relation to their responses to interview questions. All in all, this study sought to identify health discourses in the curriculum, including the ways in which students are internalizing discourses, and the theoretical framework of this study will ensure that the multiplicity of students' experiences and unique positionalities are considered.

Although this study most predominantly addresses priority number two, it also overlaps with goals found in priority one and three by encouraging the ongoing success of students, recognizing the lived realities of students and enhancing public education, with specific focus on HPE. For instance, I will consider the unique, intersectional experiences of students in this study to better understand how every student encounters different barriers towards success, or, in this case, body image dis/satisfaction. Addressing these concerns in grade six may help to encourage greater success in HPE in subsequent grades and provide students with the skills to maintain body image satisfaction beyond formal schooling. In relation to priority three, I will make findings from the study available to school staff, parents/guardians and teachers and may be publically used to inform future educational practices in the province of Alberta and beyond. With regards to the distribution of findings, I abided by all FOIP and University and School Board ethical regulations to ensure the privacy of the students involved. This research study has the potential to highlight harmful outcomes in Alberta's HPE

curriculum by analyzing the ways in which students take up outcomes and the impacts this has on their body image dis/satisfaction.

Methods of Data Collection

I conducted individual, semi-structured interviews conducted with nine students in total. Before the interviews were conducted, students were provided with a brief overview of the research study and their role in it, should they choose to participate. In order to familiarize myself with students and reduce any sense of intimidation, I introduced myself as both a teacher and a student, similar to them, who studies at the University of Alberta. I elaborated on why I was conducting research and the benefits that it could potentially elicit. There was time allotted for students to ask questions and it was reinforced that the study was voluntary with minimal risk. Next, I explained and handed out assent (see Appendix C) and consent (see Appendix D) forms to each student in the class. I encouraged students to return both forms to their teacher whether they chose to participate or not. Once all the forms were collected, I photocopied and returned to students who agreed to participate at the time of the interviews.

I audio-recorded each interview using a recording device in a private room within the school during school hours. I invited students to complete an optional Personal Identifier Form (see Appendix A) before the recording device was turned on, which helped to locate their gender identity, ethno/cultural background, class status, dis/abilities and religious faith. Interviews approximately lasted between five to 15 minutes, which is appropriate to the age of the participants and to the time available within the school day. The interview included 10 pre-determined questions (see Appendix B). The pre-determined questions were all open-ended, progressively shifted from broader queries,

such as "How do you define the word "healthy?"" to more specific prompts, such as,
"How can schools do a better job of teaching girls to love and accept their bodies?"
Interviews ranged in length due to their semi-structured nature. In other words, pre-
determined questions were more often than not followed with additional questions that
were elicited from student responses. This ensures interview structures are consistent and
remain in alignment with the research question while also allowing for flexibility in terms
of questions that animate participants to speak more on behalf of their relevant
experiences.

Methods of Analysis

I manually transcribed nine audio-recorded interviews and explored data by the
use of memos and open coding (Clark & Cresswell, 2014). More specifically, I avoided
pre-determined codes because interviews were semi-structured and I wanted to ensure the
study reflected student thoughts, ideas and understandings despite the fact that my own
understandings inevitably shaped the process (Clark & Cresswell, 2014). I developed
codes through an iterative process, which involved the rereading of interviews, reflection
on prior understandings and the reorganizing of data into emerging patterns (Clark &
Cresswell, 2014). Then, I refined codes and grouped them into categories in order to
capture "repeating ideas, themes, and theoretical constructs" (Auerbach & Silverstein,
2003, p. 35). Following this process, I formulated four superior themes and eight
subordinate themes. Each superior and subordinate theme is supported by data from
participants, including the use of direct quotations from interviews (Auerbach &
Silverstein, 2003). The superior themes each encompass two subordinate themes and are
listed accordingly, Dual Understandings of Simplistic and Complex Health Messaging

with sub-themes a) Complex Understandings of the Term "Health" and b) Areas of Discursive Confusion; Influence of Peer and Family-Based Support Networks with sub-themes a) Peer Support Systems and Sport and b) "It's All in the Family" (Collins, p. 62, 1998); Gender Performativity in Physical Education (PE) with sub-themes a) Self-Worth and Performativity and b) Co-Educational PE Classes; and Harassment and Harassment-Free Zones with sub-themes a) Body-Based Harassment and b) A "Girls Club": Spaces for Collective Action. I will discuss these themes in greater detail in Chapters Two and Three.

Ethics

Three different types of ethics approvals were granted for this study. The first ethics approval was received from the University of Alberta's Research Ethics Board 1. Additionally, because the research project is conducted in collaboration with Edmonton Public Schools, and the two schools selected for this study are situated within the Edmonton Public School Board, it had to undergo approval from the University's Cooperative Activities Program (CAP). To be specific, CAP acts as a bridge, managing research projects between the University of Alberta and designated school districts within the city of Edmonton and surrounding areas. Following approval from CAP, a research proposal was submitted to Edmonton Public Schools and minor revisions were made before approval was granted. Once approval was granted, Edmonton Public Schools provided contact information for the principals at each requested school.

I went beyond minimum institutional/legal ethics requirements to try and do right by the participants. To be specific, because I specified to students that this study is for students who identify as girls, I intentionally handed out assent (see Appendix C) and

consent (see Appendix D) forms to each student in the class in an attempt to conceal their gender identity. Similarly, I asked that all students hand back the forms to their teacher regardless of whether or not they wanted to participate in order to conceal the identity of those who did want to participate. On a personable level, I was warm, friendly and tried to reduce intimidating qualities about myself by letting them know I am a student, just like them, so that they would feel more comfortable with me.

Validity

I tried to accomplish a valid and trustworthy study by engaging in member-checking, researcher-reflexivity and peer debriefing. To elaborate on how I completed member-checking, once I had transcribed an interview, I read it back to the participant to ensure it was correct and aligned with participant responses. I notified participants that they could pause the member-check at any time to make clarifications about their responses. I practiced researcher-reflexivity throughout the course of this study through an ongoing self-reflexive piece that begins in this chapter. I iteratively paused to reflect on my own experiences throughout different phases of this study and incorporate my thoughts within self-reflexive excerpts at the beginning and end of this study. These excerpts shed light on my own experiences as a woman of colour who has struggled with body dissatisfaction and the ways in which I internalized anti-obesity discourses as a teenager. In regards to peer debriefing, I met with a colleague who has no association with the research project to share the transcription of interviews and codes that I produced from them. Throughout this study and when shared with this peer, pseudonyms were used in replacement of participant names to ensure their anonymity. All three tools,

1) member-checking, 2) researcher reflexivity and 3) peer debriefing work to limit bias and guard against researcher privileging in this study.

Limitations and Delimitations

In order to delimit the scope of the study, only students in grade six who self-identify as girls were eligible to participate. The sixth grade was carefully selected due to the fact that the time period of early adolescence is marked by a rise in body dissatisfaction and disordered eating behaviours among girls (Larkin & Rice, 2005). Although boys and gender non-conforming students may experience body dissatisfaction and disordered eating behaviours, the study will focus on the predominant population that is affected by these experiences (i.e., students who identify as girls). Therefore, students who agreed to participate in the study and submitted consent (see Appendix D) and assent (see Appendix C) forms were invited to confirm their gender identity. Simply stated, this means that a student who may be anatomically categorized as male could participate in the study so long as their gender identity was that of a girl. All of the students who participated in the study identified as girls in grade six.

A noticeable delimitation related to the study's intersectional feminist theoretical framework occurred when a category that I initially wanted to include as part of the analysis, sexuality, was removed from the Personal Identifier Form due to ethics restrictions. Consequently, I was unable to pose questions about students' sexual and gender identities in terms of their feeling that they are of a different or fluid identity. This has become an important future point of study for me because there is evidence to suggest sexual minority (non-heterosexual) and gender non-conforming students experience high rates of body dissatisfaction (Sequeira et al., 2017). Despite this setback,

I was able to include indicators on the form related to gender identity, ethno/cultural background, class status, dis/abilities and religious faith.

Delimitations within the data collection component of the study include the school district, schools and participants who approved and agreed to participate in the study. The schools that partook in the study were both within the Edmonton Public School District and some of the schools that were requested to participate in the study declined or did not respond. Similarly, an initial aim of the study was to gather 10 girls for individual interviews, however only nine chose to partake.

In this research study, I did not assess the pedagogical practices of the grade six teachers whose students chose to participate. This is because the focus of this study was on Alberta HPE curricular documents, which informs what students learn and receive formative and summative assessment on. Additionally, I wanted to conduct the study and finish it with tangible evidence that would encourage changes or support current outcomes in the curriculum. By focusing on curriculum rather than pedagogy, I was able to delimit the scope of my master's-based research study and encourage future points of study. That said, the omission of pedagogy and teacher interpretations and interventions in the classroom is a limitation of this study. After all, my focus on curriculum discourse and what students make of it leaves unclear in what form they actually receive and concretely encounter curriculum discourse. It is therefore crucial for future analyses to understand the impact of pedagogy on the materialization of curriculum discourse as practice and everyday encounters with policy and curriculum discourse. Nonetheless, this study offers foundational understandings on the impacts of curriculum in constructing student body image dis/satisfaction and leaves plenty of room for future studies.

Limitations that extend beyond the scope of the study include a disregard for external factors that exist beyond discourses found within the HPE curriculum, such as norms perpetuated on social media platforms, which may shape students' body image dis/satisfaction. More specifically, although students spend the majority of their days within the school environment, they are not immune to socio-cultural forces, such as the media, that may dictate bodily ideals and have an affect on their body image dis/satisfaction. That said, I do not analyze the effect of media or the effect of food systems on the constructions of body image dissatisfaction among girls. While these are important contextual factors, I chose to focus on the preliminary analysis of curriculum and policy discourse and the most foundational elements of how grade six girls construct their body image in this environment, to assess how curriculum, schools, and policy can better understand the struggles of HPE.

In regards to the intersectional feminist analysis of the literature on body image I conduct in the next chapter, I intentionally discuss the role of feminized reproductive labour in relation to capitalist productivity in a brief manner in order to keep the focus of the analysis on capital in relation to HPE. While this study does not address the conceptual framework of "Wages for Housework," or feminized duties and reproductive labour, I make a point to mention it as to not ignore its significance in shaping the embodied experiences of women and girls throughout time.

Conclusion

An intersectional feminist theoretical framework helps to better understand how the lived and embodied socio-historical experiences of grade six girls in this study have

an impact on how they make meaning in relation to the discursive power of the Alberta HPE curriculum. Because factors such as gender, race, class, dis/ability and religious faith work in tandem with larger structures of oppression and co-exist with dominant discourses of health, it is necessary to analyze how they shape participant responses. Intersectional feminism acts as the backbone for this research study and exposes the consequences of promoting personal responsibility over health and individualistic action. The findings of this study support the notion that there is, in actuality, a need for spaces for grade six girls to mobilize within school sites and that individualized approaches to personal responsibility co-exists with harmful behaviours, body dissatisfaction and low self-esteem among students.

This chapter has outlined the core questions surrounding the research study, why this research uses an intersectional feminist theoretical framework and whilst foreshadowing my own conceptual hunches along with concrete findings. In Chapter One I explain in greater depth the conceptual framework, theoretical framework and literature that have shaped the field of body image, health and physical education. In it, I analyze body image through an intersectional feminist lens and justify why an interdisciplinary approach that values how bio-physical, socio-cultural and psychological factors operate within systems of power is needed in this study. Chapter One is followed by findings from the discursive analysis I conducted which highlights how anti-obesity and critical body-equitable health approaches show up in Alberta HPE policy and curriculum documents. More specifically, I discuss the negative implications of including both anti-obesity and critical body-equitable health approaches in curriculum documents and how it can lead to discursive confusion and body distress among students (LaMarre, Rice and

Jankowski, 2017). Even more, I showcase the ways in which collective action is implemented in such ways that encourage individual behavioural change as opposed to structural change.

Once I have conveyed a thorough understanding of the conceptual and theoretical frameworks of the study, including problematic discourses that show up in Alberta HPE curriculum and policy documents, participant responses are shared and divided into the superior and subordinate themes that I previously mentioned and support using direct quotations. In general, the themes showcase the ways in which students who identify as girls understand and place greater value on dominant discourses of anti-obesity in comparison to critical body-equitable health approaches. I follow these findings with an in-depth discussion that helps to provide greater context of the themes in relation to intersectional feminism and interdisciplinary understandings of body image that I make evident in previous chapters. To do so, I draw on theorizations about gendering, racialization, traditional family dynamics, capitalist state narratives and notable scholars who attend to critical body-equitable health approaches. Finally, I return to the research question, problem and objectives of the study. More specifically, I sum up the overall findings in relation to the broader field of HPE research and propose responses to mitigate problematic findings, such as rewriting curriculum outcomes and mandating spaces for collective action. I conclude by returning to my own self-reflections and include implications for future research, such as acknowledging the role of peer support systems in extracurricular physical activity and necessitate a need for greater research in order for transformative shifts to be made to HPE curriculum.

Chapter I: Intersectional Feminism and Interdisciplinary Approaches

This study analyzes the embodied experiences of grade six girls because it is crucial to explore why people identifying as girls and women account for over 90% of all eating disorder diagnoses (Walcott, Pratt & Patel, 2003) and why puberty is a pivotal marker for the onset of body dissatisfaction and disordered eating behaviours (Thompson-Brenner, Shingleton & Richards, 2015). While the study does not offer full explanations for these questions, considering the gendered dimensions and the significance of puberty in this research problem, it is crucial to attend to socio-cultural, biophysical as well as political economic factors. This is what I attempt to do in putting together a theoretical framework appropriate to this topic in this chapter.

In order to analyze the ways in which body image dis/satisfaction is constructed among pre-adolescent girls, I adopt theories that value biology in non-determinist ways, including body becoming theories that consider the interplay of physiological, psychological and socio-cultural dynamics. I situate these dynamic facets in "processes of differentiation" (Dhamoon, 2011, p. 233) and "systems of domination" (Dhamoon, 2011, p. 233) outlined by intersectional feminists, in order to better understand the complexity of structures of domination that shape body becoming in any given context of power, privilege and oppression. In this chapter, I outline the key concepts and ideas of a multiplicity of scholars to explain and justify why I frame the interdisciplinary nature of this study in the way that I do. I seek to demonstrate why this approach is crucial to better understand how grade six girls are constructing their body image dis/satisfaction in the province of Alberta.

I review the literature pertaining to body image and adolescent girls through an intersectional feminist lens, discussing topics related to gender, puberty, racialization, body-based harassment, capitalist state narratives and dis/ability. These topics require an interdisciplinary approach that includes feminist scholars who hold different theoretical underpinnings, in order to better understand them in relation to this study's research question, problem and objectives. For this, I draw on Judith Butler, Carla Rice and Patricia Hill Collins. I take this route because each scholar offers theorizations that attend to socio-cultural, bio-physical and psychological factors that shape body image dis/satisfaction in different and useful ways, of them the most significant being how these factors operate within systems of power. I attempt to showcase how theories by Butler and Rice can be enriched by intersectional feminism and make apparent why socio-cultural, bio-physical and psychological factors are important when considering how they operate within socio-political and economic systems of power. In so doing, in this chapter I articulate the conceptual and theoretical framework applied to this research study.

Body Image and Adolescent Girls

Young girls may start conveying body-related concerns in their early childhood stages and tend to express greater dissatisfaction as they develop into their childhood, pre-adolescent and adolescent developmental stages (Smolak & Levine, 2001). These concerns steadily increase until puberty, where they then heighten dramatically (Larkin & Rice, 2005). To elaborate, scholars have evidenced that the pubertal process, a physical and hormonal shift in the bodies of young girls and boys, can signify a peak in behaviours related to weight control (e.g., dieting, self-induced vomiting, consuming

weight-loss pills, over-exercising, etc.) (Larkin & Rice, 2005). This signifies a cause for concern because scholars have noted, "weight concerns in pre-teens have been found to predict the onset of eating problems in later adolescence" (Larkin & Rice, 2001, p. 220). Scholars have denoted that pubertal risk factors leading to body dissatisfaction for girls may be attributed to the interplay of hormonal and weight changes, early onset menarche and the emergence of secondary sex characteristics (Thompson-Brenner, Shingleton & Richards, 2015). Among boys, pubertal changes may have similar effects on their levels of body satisfaction/dissatisfaction, however their triggers are related to short height, delayed secondary sex characteristics and weight that is deemed under or over the ideal norm (Larkin & Rice, 2005). Thus, regardless of gender, puberty is a vulnerable time for pre-adolescent students and it is critical that prevention methods are proactive, starting before students reach the stage of pubescence.

In addition to the onset of puberty, racialization is a key factor that affects young girls' embodied experiences and may determine how their body image dis/satisfaction get constructed. This study will analyze how the racialized experiences of participants play a role in the development of their body image dis/satisfaction. Studies have demonstrated that the racialized experiences of students, such as teasing and harassment related to "racist stereotypes about their bodies and applied pressure to conform to white, anglo-saxon norms" (Larkin & Rice, 2005, p. 226), can have implications on girls' body weight satisfaction. Although the teasing and harassment of racialized students may not always relate to physical development (i.e., secondary sex characteristics), a study conducted at a school in Ontario, Canada, supported the notion that teasing, rooted in racist remarks, had a direct impact on body dissatisfaction among minority girls (Larkin & Rice, 2005). In

fact, many of the girls in the study admitted to engaging in body modification practices, such as attempting to alter hair texture and skin colour to align more closely with white standards of beauty (Larkin & Rice, 2005).

Furthermore, societal stereotypes of the "eating disorder patient" across media platforms, in the medical field and in educational institutions identifies those with eating disorders as "thin, White, middle-to-upper class, cisgender, heterosexual, young girl[s]" (LaMarre, Rice & Jankowski, 2017, p. 3). This kind of dominant representation of eating disorders as a white middle class cis-gendered problem exacerbates the problem of eating disorders itself through negligence towards its complex nature. This is because the "eating disorder patient" trope supports the mythical notion that "eating disorders do not exist among people of color" (Walcott, Pratt & Patel, 2003, p. 230). Consequently, many diagnoses get missed and, because of the internalization of these norms, those who do not meet the criteria may deny that they are struggling with an eating disorder altogether due to the socio-cultural ways it is conceptualized. These dominant misrepresentations in turn impact research design which relies on conventional assumptions about who is affected by eating disorders and who is not. By contrast, this study articulates an intersectional approach to analyzing the experience of pre-adolescent, racialized girls and non-binary people with body dissatisfaction. In it, I take seriously a combination of biological, socio-cultural and psychological factors in tandem and in relation to systems of power that value certain bodies more than others.

Interdisciplinary Feminist Theories

The specificity of my research question requires an interdisciplinary approach that addresses how social-cultural, psychological and biological factors operate within systems of power and includes the work of three feminist scholars who help frame my study, 1) Judith Butler, 2) Carla Rice and 3) Patricia Hill Collins. Notably, I order them intentionally as I utilize their theories to build off of one another and to develop the theoretical and conceptual framework of this study. The three selected scholars attend to specific aspects of this research study, with foci that are both nuanced and overlapping, ultimately providing greater insight in regards to how this study is analyzed. Butler's (1999) work, in particular, deconstructs the ways in which sex and gender are cultural co-constructions. Despite the fact that Butler's (1999) theorizations about gender may be useful by showcasing how students internalize ideals of femininity and thinness, they are also problematic due to their disregard for physical sexual development and reliance on ethical reflexivity, which asks already vulnerable populations to undertake the primary responsibility for change. For this reason among others, Rice's (2014) use of body becoming theories proves useful because of its analysis of the interplay among the social, psychological and physical.

Rice (2014) highlights the embodied experiences of women in Canadian society through her work, discussing the ways in which girls become "gendered," while also acknowledging how sexual development (read: puberty-related stigma) and psychological ways of thinking about the self contribute to body dis/satisfaction. Although Rice (2014) showcases the ways in which structural norms of the school co-exist with body dissatisfaction among students and incorporates analyses of the embodied experiences of a multiplicity of women who range in age, are racialized and/or have a disability, she

does not explicitly reference Black feminist thought or allude to intersectionality in terms of structures and axes of power and oppression that interact simultaneously (Collins, 2000, p. 18). This is crucial because structures of power and oppression shape pre-adolescent girls' embodied experiences, including the ways they become "gendered" or racialized. By contrast, Collins' (2000) work is a part of the collective academic space that is Black feminist thought and addresses gaps that Butler and Rice have yet to explore. As such, I draw on Collins because it is crucial to view racialization and disability as structures and processes within a broader context of domination within a racialized and capitalist society and state. This is a significantly different approach than viewing racialized and disabled girls as human embodiments of difference, devoid of the social context within which those differences are produced as valuable or not, productive or not, normal or not—and consequently, come to be bullied and harassed or not. I address Collins' work towards the end of the chapter as I develop its importance throughout each section.

How does Gender Shape Feminine Body Ideals?

Judith Butler's theories on gender performativity, gender intelligibility and subjecthood are applicable to this study and help analyze how identifying as a girl shapes feminine body ideals. To be specific, Butler (1999) argues, gender is an effect of what we do, she states, "there is no gender identity behind the expressions of gender; that identity is performatively constituted by the very "expressions" that are said to be its results" (p. 33). In this sense, masculinity and femininity can be interpreted as gender expressions that produce the identity we claim to represent (Butler, 1999). Notably, Butler's theory on

gender performativity proves useful when applied to research that has conveyed a relationship between boys, masculinity and efforts to achieve muscularity; and girls, femininity and the desire to be thin (Barker & Galambos, 2003; Biolcati, Ghigi, Mameli, & Passini, 2017). Considering this, body dissatisfaction and the manifestation of eating disorders among adolescent girls can be associated with attempts to conform to gendered body norms characterized by thinness (Biolcati, Ghigi, Mameli, & Passini, 2017). Thus, the expressions that signify the binary oppositions between boy and girl can be achieved through physical means of representation (e.g. the size and shape of one's body).

Research has indicated that such ideals have had even greater consequences for gender-nonconforming and trans folks (Sequeira, Miller, McCauley, Eckstrand & Rofey, 2017). In fact, a recent study conducted in 2017 explicitly indicated, "transgender and gender nonconforming (TGNC) youth report higher rates of body dissatisfaction and disordered eating than their cisgender peers" (Sequeira et al., 2017, para. 1). Subsequent research has supported this notion, demonstrating that, in comparison to heterosexual men, more than 10% of men who identify as gay or bisexual will experience an eating disorder at some point in their lives (Feldman & Meyer, 2007). Further, students who identify as transgender represent a disproportionate number of eating disorder diagnoses, outnumbering all other cis-gender and gender non-conforming groups (Diemer, Grant, Munn-Chernoff, Patterson, & Duncan, 2015). Among young girls and boys, the influence of gender-specific body norms is evident as early as the primary school years, with girls as young as six-years-old conveying body dis/satisfaction (Irving, 2000). This is the age in which "nearly all children attain full gender constancy," (Egan & Perry, 2001, p. 451)

meaning that they begin to "understand that their sex remains invariant across time and changes in surface appearance (e.g., hair length)" (Egan & Perry, 2001, p. 451).

Encompassed in Butler's (1999) theory of gender performativity is the notion that gender is culturally constructed in coherence with a multiplicity of heteronormative traits, including those of "sex...sexual practice, and desire" (p. 23). Butler (1999) refers to this concept as "gender intelligibility" (p. 22), stating that those who maintain a culturally acceptable notion of coherence are perceived as producing "intelligible" genders. Conversely, those who do not or cannot abide by these cultural norms or regulatory practices are deemed inappropriate and their entire personhood becomes contested (Butler, 1999). In other words, the regulatory practices that constitute one's identity become dismantled and deviate from what is perceived as the norm. To reiterate this concept, Butler (1999) mentions, ""persons" only become intelligible through becoming gendered in conformity with recognizable standards of gender intelligibility" (p. 22) that are produced by norms perpetuated by the "master" (read: educational institutions, capitalist corporations, the media, the state, etc.). She asserts, "the very notion of "the person" is called into question by the cultural emergence of those "incoherent" or "discontinuous" gendered beings" (Butler, 1999, p. 23).

Although it is antithetical to Butler's (1999) conceptions of bio-physical sexual development because Butler argues that sex and gender are culturally co-constructed, I suggest the theory of "gender intelligibility" (p. 22) can be related to girls and the developmental framework of puberty. For instance, an abundant amount of work has indicated that the time of puberty is related to an increase in body dissatisfaction and a rise in eating disorders among girls (Barker & Galambos, 2003). I claim this is because

the pressure to maintain coherence among one's sexuality, gender and sex may reach an all time high. Therefore, attempts to lose weight may signify efforts to produce, or reproduce, normative conceptions of femininity in alignment with one's gender identity (Butler, 1999). To reinforce this claim, "there is evidence, for example, that early maturers start dieting sooner and that late maturers develop body dissatisfaction for having a body that fails to "qualify as womanly"" (Larkin & Rice, 2005, p. 227 *citing* Littleton & Ollendick, 2003; Smolak, 1999 and Rice, 2003, p. 276). The age group of participants in the current study was selected intentionally to target the pre-pubescence hormonal and developmental changes that are beginning to emerge in order to analyze if these behaviours and/or thought patterns are prevalent and, if so, how they manifest.

The theory of subjecthood originates from Foucauldian thought and is used by Butler to outline power relations inherent in mastery and subjection to dominant discourses and state narratives (Davies, 2006). Subjecthood highlights the (in)effectiveness of media literacy, how false agency is manufactured and students' experiences of abjection within the school context. Butler argues that mastery and subjecthood occur simultaneously, stating, "the more a practice is mastered, the more fully subjection is achieved" (Davies, 2006 *citing* Butler, 1995). Further, this framework is one in which the subject must partake in to ensure its socio-cultural formation (Davies, 2006). In other words, systems that (re)produce dominant discourses, such as gendered body norms and heteronormative binaries (e.g. educational institutions, leaders, teachers, capitalist corporations, the media, the state, anyone in a fiduciary position), encourage the remainder of society to master such norms in order to ensure one's socio-cultural formation.

Scholars have scrutinized the media, in particular, for its powerful role in promoting ideals of thinness to girls, resulting in an increased number of girls reporting body dissatisfaction (Barker & Galambos, 2003; Biolcati et al., 2017). Media literacy initiatives in schools have emerged to mitigate this issue, however studies have conveyed conflicting results regarding its effectiveness, with many indicating it fails at making a prolonged and profound impact on disordered eating behaviours (Susan & Lori 1998; LaMarre, Rice, & Jankowski, 2017). Interventions that are reflective of media literacy or dissonance induction, the act of "engaging individuals to publicly and repeatedly reject an idea that they previously endorsed (e.g., that appearance ideals are desirable)" (LaMarre, Rice & Jankowski, p. 4), encourages young girls to critique body-related norms espoused by socio-cultural forces with the intention to reduce latter idealization of these norms (LaMarre, Rice & Jankowski, 2017). This method is ubiquitous within school curricula as it is used as a tactic to reduce body image dissatisfaction and disordered eating behaviours (LaMarre, Rice & Jankowski., 2017).

Although studies have shown that critiquing idealized bodies projected by the media and dissonance induction models may be effective at reducing "thin-ideal internalization, body dissatisfaction, dietary restraint, bulimic pathology, and negative affect" (LaMarre, Rice & Jankowski., 2017, p. 6), this is not necessarily the outcome in all circumstances. This is because it is surface-level, meaning that it does not account for the intersectional lived realities of girls or their complex embodied experiences that have shaped their body image dis/satisfaction. Further, it cannot solely be used as an intervention for improving body satisfaction among students because it does not address psychological or biological related issues related to genetic predispositions and mental

disorders and/or illnesses. Additionally, media literacy often coexists within the same school environment as obesity prevention discourses, resulting in mixed messaging and discursive confusion (LaMarre, Rice, & Jankowski, 2017). In other words, "literacy is not immunity from the affective experience of living in a body in a society where few bodies are deemed fit or even "normal" (LaMarre, Rice, & Jankowski, 2017, p. 6). For further explanation, I discuss how discursive confusion is produced more specifically in Chapter Two.

Finally, although media literacy may provide temporary relief for girls experiencing body dissatisfaction, it does not seek to transform capitalist state narratives of anti-obesity that are found within curriculum and government policies. Rather, it remains within the confines of the master's tools (read: the media). Intersectional feminism, which is a product of Black feminist thought, teaches us that "*the master's tools will never dismantle the master's house*" (Lorde, 1984, p. 112, emphasis in original). Likewise, mastering the ideals of thinness by engaging in dieting and disordered eating only further subjectifies oneself, whilst giving the illusionary belief to the subject that they in fact have a choice in the matter (Davies, 2006; Woolley, 2017). In contrast, those that do not abide by gendered body norms of thinness and muscularity are scrutinized, "Othered" and are made to act as aberrant signifiers (Davies., 2006; Cliff & Wright 2010). Butler uses the term "abject" to describe this process, "a structuralist notion of boundary-constituting taboo for the purposes of constructing a discrete subject through exclusion" (Davies, 2006 *citing* Butler, 1998, p. 133). Simply, it allows for subjects to assert themselves as normative by condemning others as non-normative, achieving both self and peer recognition in the process (Davies., 2006).

Students are subjected to meaning systems found within curriculum, school rules and peer socialization practices (Davies, 2006). The curriculum, in alignment with teaching practices, has often been found to reinforce feminine body ideals that promote thinness and notions of "how to avoid being fat" (Cliff & Wright, 2010, p. 221). In this sense, it can be seen as a strategy to subject students to dominant gendered norms prescribed by those in power. Consequently, students may engage in efforts to assert agency through autonomous acts, such as bringing an "unhealthy" lunch to school. However, as aforementioned, these efforts typically have little impact because they merely reinforce the dominant discourse (Davies, 2006). According to Butler's theories, those that do not appear to conform to standards set out by the school, such as girls who maintain aberrant "fat" bodies, will face the stigma of abjection (Davies, 2006). The prevalence of weight-based teasing can be viewed as an example of this, with those on the recipient end feeling greater pressure to conform and higher levels of body dissatisfaction (Barker & Galambos, 2003).

To counter the effects of subjecthood, Butler encourages the use of ethical reflexivity, a concept "which involves remaining vulnerable in the face of normative constitutive practices" (Davies, 2006 *citing* Ellwood, 2006, p. 3). Simply stated, this involves students engaging in equitable recognition of their peers and acknowledging their responsibility to both themselves and others when encountered with hegemonic norms (Davies, 2006). Although it sounds useful in theory, I argue that ethical reflexivity is problematic because it places greater burden of challenging and changing norms on already burdened people. In other words, it asks girls with non-normative bodies, who may also be racialized, disabled, non-binary or from a low socio-economic status to live

with and within difference of their non-normativity despite other hardships they may be facing. Secondly, it is individualistic and reliant on personal responsibility and behavioural responses, which puts the entire onus on girls to produce transformative change. All in all, ethical reflexivity encourages students to resist "normative constitutive practices" (Davies, 2006 *citing* Ellwood, 2006, p. 3) and risk abjection as opposed to challenging capitalist state systems of power that (re)produce gendered body norms. Thus, remaining complicit by using tools that encourage individualistic, personal responsibility and abjection with the hope of challenging current systems will not work. In order to foster social transformation and not just individual behavioural change, Butlerian theories need to be complemented with body becoming theories and intersectional feminism.

Why Must the Physical, Psychological and Socio-Cultural be in Conversation?

Carla Rice (2014) captures a unique perspective on women and the body in her work, considering intersections of race, disability and the implications of biopedagogies in the school system. Rice (2014) accounts for embodied experiences in her research and guides her theories on the interplay of social, psychological and physical contexts, emphasizing why all three must be in conversation with one another. Rice (2014) utilizes body becoming theory and body becoming pedagogies in her approach, both of which are relevant to the analysis of this study because of their focus on the nuanced embodied experiences of girls. That said, Rice's (2014) theorizations need to be in conversation with intersectional literature because it claims fluidity in becoming in ways that do not acknowledge the degree to which structure can impede such fluidity. At the same time,

theories mobilize structures like race or gender when research participants necessitate such attention.

Scholars have employed body becoming theories to broaden interpretations of embodiment beyond narrow perspectives that silo the physical, psychological and socio-cultural to instead bridge all three together. Further, these theories promote non-determinist ways of thinking. To elaborate, Rice (2014) states, "since cultural contexts, physical and social environments, and personal habits shape each person's physical being, no one can predict with one hundred percent certainty what any body will become" (p. 22). In this sense, the process of embodiment is developed through the interactions between physical, psychological and socio-cultural components as opposed to developed solely as a result of one aspect. Rice (2014) adopts body becoming theory to analyze the embodied experiences of women in Canada. By utilizing a body becoming approach, Rice (2014) is able to describe the processes of becoming gendered in a society that labels distinct bodies as abject, accounting for the experiences of disabled folk and people of colour in her work, and how this has an impact on body image dis/satisfaction. Although Rice (2014) stresses it is nearly impossible to predict "what any body will become" (p. 22), it is important to keep in mind that intersectionality teaches us there are some structural predictabilities, specifically when it comes to analyzing such distinct, non-normative bodies. This study draws on body becoming theory as a way to analyze the embodied experiences of grade six girls through physical, psychological and socio-cultural lenses. This includes assessing how girls become gendered through "gender codes" (Rice, 2014, p. 65), "body-based comparisons" (Rice, 2014, p. 71) and through complex intersectional embodied experiences.

That said, it also discursively analyzes HPE curriculum documents to evidence the ways in which they do, or do not, contribute to producing and authorizing body-related norms to produce the structures within which bodies become bodies. Rice (2014) argues that from a very young age, girls begin comprehending gender-specific expressions that associate femininity with makeup, the color pink and ontological ways of being (e.g. the way one walks, talks, etc.) (Rice, 2014). Girls' conceptions of their bodies are influenced by their mothers, sisters, friends and fathers as they attempt to emulate the everyday examples of gender roles and bodily shapes/sizes of their loved ones (Rice, 2014). To elaborate, I will draw on Collins' article, "It's All in the Family: Intersections of Gender, Race, and Nation" (1998), that stresses how the hierarchical structure of the family works to naturalize and legitimize other forms of hierarchy, including gender (Collins, 1998).

"The traditional family ideal assumes a male headship that privileges and naturalizes masculinity as a source of authority" (Collins, 1998, p. 65). Therefore, the hierarchical structure of the family associates masculinity with greater power, thereby naturalizing gender roles and dynamics (Collins, 1998). Additionally, masculine and feminine power relations are reified by gendered private and public spheres, in which private spheres are feminized and associated with women's roles as homemakers and caretakers of children and public spheres are dominated by masculinity and participation in the workforce (Collins, 1998). In this sense, "the traditional family ideal" (Collins, p. 65, 1998) reflects nuclear notions of gender identity, with a "male headship," and values that support heterosexual forms of reproduction. Consequently, girls who do not identify as heterosexual or feminine do not have space to exist within "the traditional family

ideal" (Collins, p. 65, 1998). In addition to the influence of familial structures, the media, which is a reflection of the norms perpetuated by systems of domination, plays a significant role in casting "fantasies of femininity" (Collins, 1998, p. 72) that shape how women perceive their body in relation to the ideal "norm" that is presented in television, toys, advertisements, sectors of work and various other contexts.

Notably, western conceptions of the ideal feminine body are typically oriented around thin, white, able-bodied women who are on the receiving end of racial privilege and whose bodies are valued in a classist society, discounting the vast array of bodies who do not conform to these standards (Rice, 2014). Further, these images produce a highly unattainable, "narrow range of identities and bodies" (Rice, 2015, p. 73) which contribute to feelings of "otherness" for those who do not subscribe. Rice (2014) disrupts the monolithic notion of the ideal feminine body by including the stories of disabled women in her discussion, referring to the ways in which their bodies are adversely affected by a lack of representation in the media and deemed undesirable and inferior by socio-cultural forces. In this sense, the disabled body is represented as an abject body, a term in which Rice (2014) describes as "physical anomalies and processes that defy expectations of bodies should look and how they should function" (p. 33).

Socio-cultural forces have classified/represented ethnic women of colour as abject as well, so long as they remain distinct markers from the dominant norm (Rice, 2014). In fact, the struggles of becoming gendered for women of color are exemplified by Rice (2014) through the stories of African American and South Asian women. Pervaded by stereotypes, women in the former category illustrate the difficulties of being hyper-sexualized and those in the latter describe being viewed as passive, oppressed victims

(Rice, 2014). South Asian women note their attempts to balance values of femininity inherent in traditional cultural systems, that stress modesty and innocence, with Westernized mainstream conceptions of femininity, that promote sexuality and the male gaze (Rice, 2014). Consequently, this can foster "different reasons for weight preoccupation and body dissatisfaction" (Larkin & Rice, 2005, p. 220).

For instance, scholars have found immigration and acculturation to show positive correlations with disordered eating behaviours among girls, largely due to a desire to "fit in" to new norms produced through Western/Eurocentric capitalist state narratives that emphasize specific "weight standards and eating patterns" (Larkin & Rice, 2005, p. 226). For women of colour, scholars have linked racial stereotypes and the internalization of white, Eurocentric body ideals to increased body dissatisfaction and heightened efforts to conform to dominant standards (Larkin & Rice, 2005). To reiterate Rice's (2014) point, "we become gendered by modifying our bodies and behaviours to match how we feel inside with the messages we get from outside" (Rice, 2014, p. 65). Rice's theorizations about gender necessitate an intersectional analysis in order to understand the structures that produce external messages. To be specific, Rice's (2014) description of the women of colour in her work exemplifies how she claims fluidity in becoming without drawing attention to the structures in which their experiences are entrenched. Thus, the complexities inherent in socio-cultural, psychological and physiological factors shape how feminine bodies come to be and offer unique ways of understanding body dis/satisfaction among girls when combined with an intersectional analysis.

One way in which bodies are managed in contexts of teaching and learning, including beyond school and the classroom, is through an approach described as

biopedagogies. Biopedagogies can be defined as "a set of expectations for how to manage one's body and self to be a healthy productive citizen" (LaMarre, Rice, & Jankowski, 2017, p. 1). As Foucauldian theories suggest, this is a self-governing tool weaponized through capitalist state narratives (Cruikshank, 1996). In this sense, capitalist state narratives manifest through biopedagogies. Rice critiques current biopedagogical approaches to health and the body, offering an alternative which she terms "body becoming pedagogies" (LaMarre, Rice, & Jankowski, 2017, p. 2). She argues, the school system is currently dominated by anti-obesity initiatives that condemn "fat" bodies and privilege thin, white, able-bodies that convey the ideal image of "health" (LaMarre, Rice, & Jankowski, 2017). This is largely because "fat" bodies do not possess the same "bodily capital" (Dworkin & Wachs, 2009, p. 14) that thin, white, able-bodies are given. By critically analyzing eating disorder prevention models in schools, Rice exposes persistent myths about eating disorder demographics, the negative implications of combining eating disorder and obesity prevention models and the superficiality of dissonance education (LaMarre, Rice & Jankowski, 2017; Rice, 2014). Included in her framework are concepts regarding body-based harassment, puberty and body equity approaches (LaMarre, Rice, & Jankowski, 2017; Rice, 2014; Larkin & Rice, 2005).

Rice and her colleagues acknowledge that, "eating disorders may be rising among racialized, queer, disabled, working class and transgender young women and men" (LaMarre, Rice, & Jankowski, 2017, p. 7). However, biopedagogies, as previously defined, neglect to reflect the multiplicity of identities and their intersections (read: fat, racialized, low-class, non-binary, sexual minority) who do not meet stereotypical notions of the "eating disorder patient" (LaMarre, Rice, & Jankowski, 2017, p. 3) (read: "thin,

White, middle-to-upper-class, cisgender, heterosexual young girl" (LaMarre, Rice, & Jankowski, 2017, p. 3). As a result, eating disorder prevention biopedagogies limit the demographic of those perceived to be at risk (LaMarre, Rice, & Jankowski, 2017).

Additionally, some educational institutions have utilized biopedagogical efforts to integrate eating disorder prevention with anti-obesity frameworks, producing conflicting messages for students (LaMarre, Rice, & Jankowski, 2017). Namely, the former encourages beliefs about the "dangers of dieting" (LaMarre, Rice, & Jankowski, p. 3) and "unrealistic beauty ideals" (LaMarre, Rice, & Jankowski, p. 3) and the latter supports weight loss and pressure to conform to normative standards of the body. In short, "both prevention forms are communicated differently and make different assumptions about bodies, health, and food" (LaMarre, Rice, & Jankowski, p. 4).

In particular, biopedagogical approaches towards eating disorder prevention often involve dissonance induction, which, as aforementioned in the previous section, "entails engaging individuals to publicly and repeatedly reject an idea that they previously endorsed (e.g., that appearance ideals are desirable)" (LaMarre, Rice, & Jankowski, p. 4). This can be interpreted as an extension of media literacy initiatives, which work to combat mainstream beauty/body ideals by dismantling how they come to be constructed (Dhillon & Deepak, 2017; LaMarre, Rice, & Jankowski, 2017). Rice and her colleagues do not entirely dismiss dissonance induction, but contend that it does not present sustainable solutions that foster body acceptance moving forward (LaMarre, Rice, & Jankowski, 2017). They state, media literacy does not act as a form of immunity from the everyday experiences of living in a body that is deemed "abject" or non-normative (LaMarre, Rice, & Jankowski, 2017).

"Body-based harassment" (Larkin & Rice, 2005, p. 220), for example, is a pervasive issue for girls in the school environment that cannot be mitigated through the simple tactics of media literacy. More specifically, Larkin and Rice (2005) refer to this term to account for the ways in which sexual, racial and verbal harassment contribute to increased body dissatisfaction and disordered eating patterns among adolescent girls in schools. Notably, curricular approaches, similar to public health strategies, fail to recognize harassment as a viable risk factor and instead focus on teachings that highlight weight-based approaches, placing responsibility on individual girls to achieve health standards (Nutter, Russell-Mayhew, Arthur & Ellard, 2018). Consequently, girls will self-govern their bodies due to capitalist state narratives that are reinforced through "rhetoric[s] of empowerment" (Larkin & Rice, 2005, p. 228) by engaging in harmful practices such as disordered eating and body modification.

Puberty is another area in which girls' bodies face discrimination; specifically in regards to the negative cultural associations prescribed to menstruation, female anatomy, body hair and weight gain (Rice, 2014). Rice (2014) argues that puberty-related stigma for girls carries forward into the ways sex education is taught in schools as well, emphasizing the overt censorship of female bodies (e.g., breasts and the clitoris), a reliance on science-based mechanisms of understanding the body and inequalities prevalent in the descriptions of male pleasure in comparison to female pleasure, to name a few. Not only this, but the curriculum is dominated by heteronormative narratives, which exclude the embodied experiences of queer girls. In order to counter the harmful effects of health/sex curriculum in schools, Larkin and Rice (2005) suggest the adoption of a "body equity approach" (p. 228), "an approach that promotes the acceptance of

diverse bodies within the school population" (p. 228). In comparison to traditional curriculum, "a body-equitable curriculum" (Robertson, 2014, p. 3) promotes non-normative body shapes and sizes, places responsibility on the school to ensure optimal health conditions and acknowledges body-based harassment practices that may adversely affect students.

Similarly, Rice offers "body becoming pedagogies" (LaMarre, Rice, & Jankowski, 2017 p. 10) as an alternative to biopedagogical approaches that currently dominate school systems. Body becoming pedagogies focus on embodied experiences that celebrate difference, intersectionalities and the implementation of policies that target body-based harassment (LaMarre, Rice, & Jankowski, 2017). It involves "recognizing each others' positionalities and experiences" (LaMarre, Rice, & Jankowski, 2017, p. 11) and the incorporation of body equity concepts that shift personal responsibility over health to collective responsibility by encouraging educational shifts that address weight bias and support the notion that health can be possible at any size. In fact, scholars have analyzed weight bias through an intersectional, social justice lens and highlighted the different forms of discrimination that larger bodies encounter in fields pertaining to health care, education, employment and interpersonal relationships (Nutter, Russell-Mayhew, Arthur & Ellard, 2018). For example, in the sphere of education "teachers tend to believe that children with large bodies have lower physical ability, cooperation, teamwork, interpersonal skills, and reasoning compared to their peers" (Nutter, Russell-Mayhew, Arthur & Ellard, 2018, p. 91). Additionally, larger bodied students are less accepted by their peers and more likely to be "teased during physical activities" (Nutter, Russell-Mayhew, Arthur & Ellard, 2018, p. 92). Thus, body becoming pedagogies,

alongside body equity concepts and body-based harassment policies, may act as a helpful way to mitigate such issues.

Although Rice's suggestions are useful, it is important to note that celebrating difference in one context is not enough but needs to be analyzed in the context of the meaning of that difference in broader society. For instance, body-based harassment policies would benefit from broader conversations about weight bias and intersectional forms of oppression, such as racialization. Additionally, transformative change must come from political economic sources because school-based responsibility can contradict notions of equity due to differential access to resources and funding. That said, when considering how health discourse operates within socio-political and economic systems of power, the use of body becoming pedagogies, in combination with body-equity strategies, can create greater opportunity for structural supports and non-normative bodies to be recognized in positive ways, potentially reducing body dissatisfaction and disordered eating patterns among girls (LaMarre, Rice, & Jankowski, 2017).

Body-Based Harassment

Intersectional feminism teaches us that the simultaneous forms of oppression and privilege that a racialized girl experiences differ from those of a white presenting girl. One of the key differences that impacts body image dis/satisfaction includes experiences of body-based harassment in the form of racial teasing (Larkin & Rice, 2005).

Statistics Canada (2018) reported that one in five people living in Canada was born in a different country. Additionally, Canada admitted approximately 1,162,900 newcomers between the years of 2006 and 2011, of which 19.2% were children aged zero

to 14 (Statistics Canada, 2018). This means, within a five-year period, Canada received approximately 223,276 new students aged 14 and under. With greater influxes of newcomer students in Canadian schools, the process of acculturation becomes an important factor to consider when analyzing pre-adolescent girls' embodied experiences. For the purposes of this study, I will refer to acculturation as it had been defined by scholars before me who have studied eating disturbance, as "the process of psychosocial change that occurs when a group or individual acquires the cultural values, language, norms, and behaviors of a dominant society" (Wildes & Emery, 2001, p. 524).

Studies have indicated that the process of acculturation may lead to the adoption of body image disturbance and/or disordered eating behaviours for some young newcomer girls (Larkin & Rice, 2005). More specifically, common triggers are described as the desire to "fit in" and the pressure to conform to new norms in relation to weight and food (Larkin & Rice, 2005). For instance, in a study conducted by June Larkin and Carla Rice (2005), a young girl from Romania who recently moved to Canada discussed her newfound issues with food choices by explaining how increased weight is associated with higher socio-economic status in Romania, whereas in Canada it is the opposite. With that being said, this process of acculturation cannot be artificially held apart from wider, systemic forms of discrimination.

To elaborate, the process of acculturation becomes even more problematic when newcomer girls are on the receiving end of different forms of body-based harassment. Scholars June Larkin and Carla Rice (2005) have used the term to describe "all derogatory or objectifying comments directed towards a girl's body" (p. 220) and includes "weight- and shape-related teasing, sexual harassment, and racial harassment"

(p. 220). Studies have stressed racial harassment, specifically, plays a significant role in body image disturbance among girls, leading them to engage in body modification practices that extend beyond disordered eating behaviours to include alterations to ethnically distinctive features, such as "skin colour, hair texture, cultural dress, and other stereotypical notions of racialized bodies" (Larkin & Rice, 2005, p. 227). As Dana Sahi Iyer and Nick Haslam (2003) contend,

> "By drawing hurtful attention to their ethnically distinctive features, racial teasing might lead minority women to adopt the beauty norms of the dominant culture, disidentify with their host culture, and experience identity problems, distress, and self-denigration, thereby promoting eating and body image disturbance" (p. 143).

Notably, racialized girls are not immune to the body-related concerns associated with delayed physical development (i.e., secondary sex characteristics). In fact, racialized girls may dynamically experience different forms of body-based harassment while also navigating the reality of having bodies that do not "qualify as womanly" (Rice 2003, p. 276). Consequently, they may opt for cosmetic procedures to increase feminine attributes and decrease ethnically distinctive features (Larkin & Rice, 2005). To emphasize, not only are minority girls overlooked when it comes to eating disorder diagnoses (Walcott, Pratt & Patel, 2003), but they are also on the receiving end of various forms of harassment (read: racial teasing) that White, Anglo-Saxon girls may not be susceptible to, further encouraging body image disturbance. Additionally, body-based harassment may be experienced to a greater degree by girls who do not identify as heterosexual or cis-gender in comparison to girls who do. In 2011, a study was conducted in Canada that evidenced,

68 per cent of trans students, 55 per cent of female sexual minority students, and 42 per cent of male sexual minority students reported being verbally harassed about their perceived gender or sexual orientation, and almost two-thirds or queer students felt unsafe at school (Rice, 2014, p. 215).

Thus, when analyzing body image dissatisfaction/satisfaction, it is necessary to consider the experiences of students who identify as newcomers, racial minorities, sexual minorities (i.e., non-heterosexual) and non-binary due to increased rates of body-based harassment. Although this study excludes sexuality, as previously explained in the Introduction, the importance of an intersectional approach is apparent when we consider the crucial characteristics of this social phenomenon.

Capitalist State Anti-Obesity Discourses

Despite the aforementioned value of attention to psychological and socio-cultural dimensions of eating disorders, I cannot analyze body image dis/satisfaction in the province of Alberta without considering implications of class and capital. This is because, health is often framed as an individualistic, personal responsibility within the Canadian context and in many other Western, capitalist countries, leading girls to believe that it is their responsibility to change themselves in order to adhere to social constructions of "health" (Robertson & Scheidler-Benns, 2016). This is problematic because it encourages girls to self-govern their own body in conformity to a capitalist state's narratives that imagine girls as ideally productive human and reproductive capital above all else. In this sense, women's labour is reduced to feminized duties, such as child bearing and conducting housework. Consequently, women are required to be both healthy and

attractive enough to marry/birth children to be productive and reproductive citizens, respectively. Capitalist state narratives that are found in government policies and documents perpetuate imaginaries of productive citizenship in which humans exist in order to grow capital and if they are not capable of doing so they are labeled unhealthy, unfit, unproductive, aberrant and "other."

Class and capital are inherently tied to conceptions of the body and are dictated through dynamic interactions between categories such as gender, race and dis/ability, to name a few (Harvey, 2000). In his book, *Spaces of Hope*, David Harvey (2000) outlines the contribution of Marxian approaches to understanding the body under capitalism. He describes the ways in which the labour force is organized into "hierarchies of skill" (p. 104) and "bodies are differentiated and marked by different physical productive capacities and qualities according to history, geography, culture, and tradition" (p. 105). Analyzing how bodies are differentiated and placed within "hierarchies of skill" (Harvey, 2000, p. 104) demonstrates the impacts of capital on bodies and class positionality (Harvey, 2000). The dichotomy between fat/aberrant versus ideal bodies act as signifiers for class imbalances within society and help to reify distinctions between the rich and poor. As long as systems of capital and class inequalities exist, they will produce and reproduce inequitable constructions and meanings of individual physical bodies and accompanying personal responsibility. In the context of a school environment, as elsewhere in capitalist societies, bodies are thus conventionally interpreted as bearing individual characteristics rather than seeing bodies as embodiments of unequal and differentiated forms of productivity and exploitation under capitalism.

Within countries, such as Canada, "bodily capital" (Dworkin & Wachs, 2009, p. 14), or the socio-cultural and economic capital that is presented through the medium of the body, is achieved through the "healthy" body. In this sense, the "healthy" body is representative of self-control, productive labour and success; whereas the unhealthy body is characterized by indiscipline and generating a lack in terms of productive labour (Woolley, 2017). Consequently, those that have little "bodily capital" (Dworkin & Wachs, 2009, p. 14) become vulnerable to deeper entrenchment in capitalist systems of ordering and disciplining the unproductive, 'disorderly' body, such as diet and fitness industries, that profit off of individuals aiming to achieve a "healthy" body. At the same time, corporate agriculture and food systems themselves have long since produced unhealthy bodies by making unhealthy and ecologically unsustainable food systems the cheaper alternatives to healthy food systems and ecologies (McMichael, 2000). In this sense, corporate food systems function to ensure those with little "bodily capital" (Dworkin & Wachs, 2009, p. 14) are those with little actual capital as well. According to capitalist state narratives, aberrant fat bodies are undisciplined and unproductive while thin/fit bodies are disciplined and capable of producing profit. This is why "thinner body image ideals may represent health and social class positioning" (Thompson-Brenner, Shingleton & Richards, 2015, p. 699), in addition to having greater normative value in Western societies that value thin bodies within the context of heteronormative families and reproductive labour.

Within these systems of capital and consumer-driven societies, there is consistent messaging that promotes the notion of health as being an individual responsibility. Schools situated within capitalist states are typically agents of teaching individual, as

opposed to collective, ways of thinking, teaching and learning (Collins & Bilge, 2018). In part, this works to remove prior responsibility that had been placed on the state and institutional systems, such as schools, to provide collective supports to students and those living within the state. Studies have indicated that perceiving health as an individual responsibility, rather than a collective one, in school systems can have detrimental impacts on students (Roberston & Scheidler-Benns, 2016). In fact, two scholars in the field of disordered eating, Lorayne Robertson and Joli Scheidler-Benns (2016), contend, "the focus on individual responsibility leads to increased pressure and anxiety for students. Over-surveillance and monitoring also has been shown not to be effective, and is linked to weight bias, stigma, low self-esteem, disempowerment, and eating disorders" (p. 163). Robertson and Scheidler-Benns (2016) refer to evidence-based research to support their remarks, drawing on programs launched both in Canada and internationally that have encouraged self-surveillance and body-monitoring tools.

For instance, a program launched in Singapore, which measured and recorded student BMI scores in attempts to reduce obesity rates, had adverse affects on students' self-esteem, the prevalence of weight-based teasing and, most significantly, the number of eating disorder referrals, which multiplied by four (Robertson and Scheidler-Benns, 2016). Although the repercussions from facilitating these type of body-related measurements are known, there are cities in Canada, such as Toronto, that continue to measure the BMI of students, stating that obesity prevention is their primary concern (Robertson and Scheidler-Benns, 2016). These actions continue to occur despite the fact that there is little to no evidence that suggests recording BMI measurements prevent or reduce obesity (Centers for Disease Control & Prevention, 2014). All of this goes to show

the challenges of and the importance of shifting from an individualized to a structural

approach to problems related to health and body dissatisfaction among girls.

Physical Capital and Dis/ability

In the last section, I discussed how capital determines the productivity of bodies

and the ways in which disabled bodies are simultaneously entrenched and (de)valued

under systems of capital. In this section I will provide a brief historical background of

dis/ability and special education within the school context and discuss the notion of

"physical capital" (Hayley Fitzgerald, 2005).

Special education classrooms have historically derived from testing tools used

during the enactment of eugenic policies and have acted as a way to segregate poor,

racialized students from White middle-to-upper class students, wherein the former are

deemed of less value than the latter (Erevelles, 2000). The term "disability" has

consistently been used to justify the placement of students deemed "unfit" or incapable of

contributing to the labour market into special education classrooms (Erevelles, 2000). As

aforementioned in the previous section, this exemplifies one way in which bodies are

differentiated and placed within "hierarchies of skill" (p. 104). In addition, the division of

students from mainstream classrooms into special education classrooms highlights the

ways in which bodies are deemed normal/abnormal. Scholars have argued traditional

deficit models of special education depict "the student as being afflicted with a condition

that is detectable, testable and diagnosable and otherwise distinguishes an individual as

deviant from the general population" (Ashton, 2011, p. 779). Scholars in the field of

disability studies critique traditional models that are rooted in science and biology for

their emphatic use of simple binaries to distinguish those with disabilities from those who

are able-bodied (Ashton, 2011). For instance, binaries include, normal/abnormal, "typical/deviant and average/below average" (Ashton, 2011, p. 779). Jennifer Ashton (2011), an academic in the field of disability studies, argues, "disability studies challenge those binary perceptions of normalcy and assert that difference is evident in ordinary human variation and is thus considered to be normal" (p. 779). In other words, disability studies purports that "disability" is a socio-cultural construction rooted in historical accounts.

Attaining bodily or "physical capital," (p. 50) as referenced by academic Hayley Fitzgerald (2005), is particularly problematic for those with disabilities. Within the school context, students with disabilities must navigate deficit models of education and may internalize socio-cultural norms that define them as "abnormal" or "deviant." Additionally, "traditional teacher education in special education focuses on identifying characteristics of various disabilities and instruction in specific interventions and remedial practices appropriate to those disabilities" (Ashton, 2011, p. 779). As a result, students may encounter adversities participating in physical education, which often has an effect on their levels of body dis/satisfaction (Robertson, 2014). Lorayne Roberson expands on this in greater detail, stating,

> The dominant paradigm of competition in PE [physical education] leaves students who are not strong athletes out of the active choices. Students with body image and self-esteem issues can find it hard to "see" themselves in the curriculum and are often reluctant to participate in PE class (Robertson, 2014, p. 2)

To exemplify the loss of "physical capital" for students with disabilities, a student by the name of James explains, "Most of the boys are bigger than me and I'm not going to get

that tall and they're getting bigger and in basketball I haven't got a chance" (p. 50). The comparisons made by James are described by Fitzgerald (2005) as the "paradigm of normativity," (p. 54) or, otherwise known as the "conceptions of ability that recognise and value a mesomorphic ideal, masculinity and high levels of motoric competence" (p. 54). James measures himself against both his peers and a mesomorphic ideal, which gets further catastrophized by peer-led exclusion and other forms of bullying, such as name-calling (Fitzgerald, 2005). Another study that examined how girls with physical impairments experience physical education reiterates similarities, with students conveying feelings of being "Othered" and dismissed from certain activities based on assumptions of strength and/or differentiated forms of productivity (Apelmo, 2019). As a result, the girls in the study utilize different forms of resistance, such as avoiding participation, opting out of class and demonstrating a lack of interest in physical education (Apelmo, 2019). Not only does this impede levels of physical activity and potential grade scores, but this also helps to reinforce capitalist state narratives that differentiate abnormal/unproductive bodies from normal/productive bodies.

Master Narratives, Educational Equity and Social Mobilization

As demonstrated by the previous sections, intersectional feminism is crucial to this study and is used as both an analytical tool and framework because it draws attention to structural forms of oppression that shape gendering, racialization and how bodies come to be. Judith Butler provides helpful theories about gender and Carla Rice's (2014) theorizations offer a fluid approach to analyzing how bodies come to be. That said, both Butler and Rice's work necessitates an understanding of entrenched structures and an

analysis of how power shapes discourses of health. Without an intersectional feminist structural approach, body becoming pedagogies could turn individualistic. The theories and literature I have discussed thus far on body-based harassment, capitalist state/anti-obesity discourses and physical capital build towards a richer analysis of body image dis/satisfaction and intersectional feminism. As such, it is necessary to historicize the formation of intersectionality.

Intersectionality had been implicitly highlighted by African American women intellectuals since social movements that date back to the 1960s and 70s (Collins & Bilge, 2018) but officially became recognized in academia in 1991 when it had been officially "coined" by critical race theorist Kimberlé Crenshaw in her piece, "Mapping the Margins: Intersectionality, Identity Politics, and Violence against Women of Color" (1994). Intersectionality arose due to gaps that failed to bridge "single-focus lenses on social inequality," (Collins & Bilge, 2018, p. 3) such as "race within the civil rights movement, or gender within feminism, or class within the union movement" (Collins & Bilge, 2018, p. 3). At the time, Black women who were experiencing simultaneous forms of oppression, across numerous social movements, were thereby unable to identify with any movement in particular that had the ability to encapsulate the entirety of their experiences.

Intersectionality became both an empirical and theoretical tool in which to discuss how various dimensions of diversity intersect and the role of structural, institutional and political systems in reinforcing and perpetuating forms of oppression. Patricia Hill Collins, a renowned Black feminist scholar situated within the work of Black feminist thought, argues in support of utilizing "intersectionality as an analytical tool" (Collins &

Bilge, 2018, p. 188) to address issues relevant to educational equity. Collin's theorizes

intersectionality as "interlocking systems of oppression" (Carastathis, 2016, p. 42) that

constitute a web, or "matrix of domination" in which individuals experience axes that

may place them in positions of power while simultaneously experiencing forms of

oppression. Simply stated, "as opposed to examining gender, race, class, and nation, as

separate systems of oppression, intersectionality explores how these systems mutually

construct one another" (Collins, 1998, p. 63). As opposed to remaining complicit with

capitalist ideals that place emphasis on the individual, Collins also directs attention to

broader forces at play, noting that "intersectionality resists neoliberal pressures to focus

on individual and personal causes of social inequality, pointing out how structural factors

are always at work" (Collins & Bilge, 2018, p. 189). With that being said, school

structure cannot be analyzed through a single-focus lens and must account for the

multiple, complex lived experiences of students. This includes, but is not limited to, their

familial experiences. Collin's argues that educational equity cannot be reached if both

school structure and the identities of students aren't simultaneously taken into account

(Collins & Bilge, 2018). To explain further, Collins describes this as "macro-" and

"micro-" level processes that inform how oppression manifests through both broader,

interlocking systems and narrow individual positionalities (Dhamoon, 2011). Thus,

examining curriculum documents in addition to the complex identities of students will

allow for both a "macro-" and "micro-" level analysis of where educational equity gaps

persist in school systems.

Because all of the participants in this research study were in grade six and lived at

home with their families, their family dynamics make up an important component of their

nuanced experiences and individual positionalities. In her article, "It's All in the Family: Intersections of Gender, Race, and Nation" (1998) Patricia Hill Collins discusses the importance of unpacking "the traditional family ideal" (Collins, p. 65, 1998). Her theorization on intersectionality in this article demonstrates how categories such as gender, age, race and sexuality are mutually constructed and embedded within hierarchical systems of power. Collins (1998) argues that familial systems naturalize hierarchy and are symbolic of distinctive gender roles, parental authority and master narratives associated with the nation state. Additionally, Collins (1998) details how the home, in which families reside, is representative of a number of problematic issues. For one, it is important to consider how the home perpetuates false notions of privacy and security in which intruders are unwelcome, despite the fact that many secrets are kept within the home and there may be occurrences of family-based violence among other injustices in attempts to maintain power relations (Collins, 1998). In regards to the geographic location of the home, Collins (1998) highlights its relationship to socioeconomic status and racial homogeneity. More specifically, Collins (1998) states, "just as crafting a family from individuals from diverse racial, ethnic, religious or class backgrounds is discouraged, mixing different races within one neighborhood is frowned upon" (p. 68).

Racial and class segregation can be exemplified by what Collins (1998) denotes as the "White flight out of inner cities" (p. 68), in which those who are White remove themselves from areas with low-income housing into suburban areas that acquire restrictive zoning. Not only does racial and class segregation impact the home and neighbourhoods in which a family is situated, but it also bleeds into the schools that

children attend. For this reason among others, I did not want all of the participants in this study to come from one school in one neighbourhood, especially considering that the neighbourhoods in Edmonton, Alberta are racially distinct. Instead, I selected one school situated within the inner city and another in a suburban residential community outside of the inner city in attempts to avoid racial and class homogenization. In order to address issues of inequity and segregation within the families and neighbourhoods in which students are situated, Collins proposes possible responses moving forward. Collins (1998) asserts that familial hierarchies need to be examined when attempting to dismantle the very systems they produce. To be exact, Collins (1998) states, "just as the traditional family ideal provides a rich site for understanding intersectional inequalities, reclaiming notions of family that reject hierarchical thinking may provide an intriguing and important site of resistance" (p. 77). I argue that understanding issues related to the family not only inform sites of resistance, but also provide greater insight of students' experiences outside of the school setting. In other words, rather than dismissing the social organization of family altogether, it is more useful to reclaim the family in transformative ways that do not contribute to hierarchical power relations (Collins, 1998).

Because students are subjected to dominant sate narratives within the home and school setting, scholars, such as Patricia Hill Collins and Sirma Bilge (2018), have begun referencing the work of Paulo Freire in order to forge connections between critical education and, more specifically, Freire's theory on "critical consciousness," with intersectionality. According to Collins and Bilge (2018), "critical consciousness puts oppressed groups in a position to analyze and challenge the social inequalities that circumscribe their lives" (p. 163) and acts to remedy what Freire denotes as "banking

education", or "educational practices where students master "ready-made" knowledge, the facts and ways of thinking that students need to fit into an unequal status quo" (p. 161). Simply stated, banking education further encourages social inequality by reproducing capitalist ideals, social hierarchies and the unequal distribution of cultural capital (Collins and Bilge, 2018). Alternatively, critical conscious pedagogy invites students to question the status quo and analyze how their own historical, socio-cultural and multi-dimensional identities converge or diverge from knowledge disseminated in the classroom (Collins and Bilge, 2018). An example from *Our Schools Suck: Students Talk Back to a Segregated Nation on the Failures of Urban Education* (2009) evidences that many students "have been pressured to see themselves as failures because they seemingly cannot or won't assimilate into their school's banking culture" (Collins and Bilge, p. 166). Likewise, students who do not meet normative body ideals, resemble self-control or success as set out by HPE curriculum documents may see themselves as failures for not conforming to the dominant norm as set out my "their school's banking culture" (Collins and Bilge, p. 166). Utilizing intersectionality as an analytical tool can thus provide greater insight on how and why HPE curriculum documents that are reflective of banking education can contribute to body image dissatisfaction, specifically for students who do not fit into the status quo.

In HPE, scholars have considered intersectional lenses to some degree through what they have termed "social determinants of health" (SDOH) (Mogford, Gould & Devoght, 2010). Within this framework, social and environmental determinants are analyzed in tandem with individual nuances and complexities (Chinn, 2011), much like individual categories of difference are considered in tandem with processes of

differentiation and systems of domination within the field of intersectionality (Dhamoon, 2011). Because past health education models have been unsuccessful at addressing the SDOH, scholars in the field, such as Don Nutbeam (2000) have proposed new models that differentiate between functional, interactive and critical health literacy. While functional and interactive health literacy primarily benefit the individual, Nutbeam (2000) contends that critical health literacy is capable of fostering both individual action and broader "social and political action" (p. 265).

Nutbeam (2000) elaborates on a critical health literacy model, in which critical literacy is defined as "more advanced cognitive skills which, together with social skills can be applied to critically analyse information, and to use this information to exert greater control over life events and situations" (p. 264). This model works to address systemic barriers to health by advocating for social action by and with members of the community as opposed to top-down structural interventions (Nutbeam, 2000). Notably, Nutbeam (2000) acknowledges the limitations of health literacy for those with underdeveloped reading and writing skills, however refers to Freire's "critical consciousness" to assert that, by undertaking specific activities, they too can achieve outcomes associated with critical health literacy.

To be specific, Nutbeam (200) stresses, "working to raise the 'critical consciousness' of those with little or no skills in reading and writing can undertake activities and achieve outcomes which are closely aligned to the definition of critical literacy" (p. 264). With that being said, Nutbeam (2000) neglects to detail how these activities can be carried out and what they might look like. Deborah Chinn (2011) acknowledges this gap, drawing attention to what she refers to as "social capital," or "the

degree of connectedness and the quality and quantity of social relationships within a population" (p. 63). According to Chinn (2011), "social capital" involves civic participation, social cohesion and developing networks as a way in which to mobilize collective action. But, the term "social capital" has limits, as I see it. Social capital does not allow for the kind of transformation envisioned by Friere's notion of "critical consciousness" because the former resembles capitalist state narratives of productive labour and economic gain. Consequently, I argue "social capital" should be replaced with the term "social mobilization" in an effort to detach body image constructions from narratives related to the capitalist state's delineation of health as a matter of productivity. Chinn (2011) suggests that critical health literacy and social *mobilization* are mutually beneficial to one another and both help to foster collective action that can "mediate the effects of material disadvantage and health inequalities" (p. 64). For example, Chinn (2011) states, "participation in community groups mobilizing around health is likely to promote individual critical health literacy skills" (p. 64) and vice versa. In order for students to engage in social mobilization, there must be socialization into collective action and valuing collective spaces for them within the school setting to facilitate action and participate in dialogue and critical consciousness raising together.

Employing a critical lens to health policy and education by analyzing dominant discourses within curricular documents as opposed to remaining complicit in current "banking education" models of health can encourage students to analyze how they fit within current systems and where it is necessary to facilitate social action. In other words, by inviting students to collectively employ critical consciousness and think critically about dominant discourses of health, they can begin to analyze how their lived

experiences align or misalign with "ready made" knowledge located in curricular documents. According to Nutbeam (2000) and Chinn (2011), not only does this process facilitate critical thinking, but it also fosters social action.

Conclusion

In this chapter I made it apparent as to why an intersectional feminist and interdisciplinary approach is needed to explore the multidimensional facets of this study. I discussed the shortcomings and strengths of feminist scholars Judith Butler and Carla Rice in order to justify the importance of an intersectional feminist lens that allowed me to navigate binaries in existing literature that focus on bio-physical/socio-cultural, abnormal/normal and individual/collective. Intersectional feminism enriches theories proposed by Butler and Rice and teaches us that body image dis/satisfaction in shaped by categories of difference, systems of differentiation and systems of domination (Dhamoon, 2011), necessitating an analysis of gender, racialization, capitalist state narratives, dis/ability and the family in this study.

Judith Butler's (1999) theories about gender and subjecthood provide meaningful insight for this study but are problematic in terms of their disregard for physical sexual development and its role in shaping gender intelligibility and self-esteem among girls. Alternatively, because Carla Rice (2014) draws on body becoming theory, her work emphasizes the importance of analyzing physical development in tandem with psychological and socio-cultural factors. To be specific, Rice (2014) not only discusses how puberty-related stigma, heteronormative narratives and the censorship of women's sexual development are magnified in schools, but she also highlights how biopedagogies

and body-based harassment can negatively impact young girls who do not conform to Eurocentric feminine body ideals. What Rice (2014) does not fully capture in her work is how categories of difference and systems of differentiation are situated within "interlocking systems of oppression" (Carastathis, 2016, p. 42).

For this, I leaned on the work of Patricia Hill Collins to examine both the micro and macro forms of oppression that grade six students who identify as girls in province of Alberta may be experiencing, including that which results from familial hierarchies, capitalist state narratives, educational inequities and SDOH. In the next chapter, I provide context on current health frameworks and policies being implemented in the province of Alberta and reasons as to why it is viewed as an "innovator" in the realm of HPE despite having a significant amount of improvements to make. I do so through an intersectional feminist lens and detail my findings from conducting a discursive analysis of the Alberta HPE curriculum documents, as it will speak to the areas I deem problematic.

Chapter II: Dominant Discourses of Health and Some Counter-Narratives

In the last chapter, I gave an overview of the literature in the field of body image and discussed it in relation to the intersectional feminist theoretical framework of this study. In this chapter, I will build on what I previously discussed on intersectional feminism and body image dis/satisfaction to specifically address the research objective through which I seek to identify dominant discourses of health within Alberta's Health and Physical Education (HPE) curriculum. Discursively analyzing current HPE policies and frameworks being implemented in the province of Alberta allows me to differentiate anti-obesity discourses from that of critical body-equitable health approaches in order to better understand how discourses show up in Alberta HPE curriculum documents. In doing so, I utilize a Foucauldian Discourse Analysis (FDA) (Arribas-Ayllon & Walkerdine, 2017), to problematize statements of health located in documents in order to determine how/if they co-exist with body image dis/satisfaction among different grade six girls. Following FDA guidelines, I historicize the notion of health in the previous chapter and provide context about how health has been shaped in Alberta schools in this chapter in the section after the next. I situate health statements within socio-political contexts and intersectional feminist body becoming frameworks because they are crucial in terms of better understanding how grade six girls construct their body image dis/satisfaction and developing a more fulsome discursive analysis.

The findings of this chapter demonstrate which curricular outcomes are supportive of anti-obesity or critical body-equitable health approaches. Specifically, the Alberta HPE curriculum is divided into two separate Program of Studies (PoS) documents: namely, "Health and Life Skills Kindergarten to Grade 9 (K-9)" (Alberta

Education, 2002) and "Physical Education Kindergarten to Grade 12 (K-12)" (Alberta Education, 2000). Each document begins with a "Program Rationale and Philosophy" (Alberta Education, 2000, p. 1) section that is followed by a detailed explanation of general and specific outcomes. In order to limit the scope of the analysis, only the kindergarten to grade six (K-6) outcomes were analyzed.

My discursive analysis of the Alberta HPE curriculum documents allows me to demonstrate the ways in which Foucauldian and Butlerian notions of subjecthood are constructed in Alberta Education, with specific attention to body image in health education, and where intersectional body-equitable constructions are in greater need. In particular, Foucauldian concepts of discipline and self-governance are useful in this discursive analysis as they are an important feature of specific outcomes of curriculum documents that demonstrate the individualizing messages. More importantly, I will explain how educational institutions can and do mobilize for transformative discursive action as a mechanism to encourage personal responsibility over health. Consider, for example, how narratives of "social good" encourage individual behavioural change as opposed to systemic structural change. As such, I identify the ways in which HPE outcomes can be transformed to align with critical body-equitable health approaches and argue for structural change in the form of a "body-equitable curriculum" (Robertson, 2014, p. 3) that recognizes the complexity of student experiences and broader systems of oppression that shape body image dis/satisfaction among students.

Anti-Obesity Discourses vs. Critical Body-Equitable Health Approaches

According to Anne Flintoff and Hayley Fitzgerald (2012), "[d]ominant discourses present particular ways of thinking that become accepted as the 'norm' or the 'truth', and are therefore powerful forms of knowledge" (p. 25). I will explore dominant discourses of health within the school context in Alberta and, more specifically, in curricular documents in order to consider how they shape policy, curriculum, and social perceptions. Anti-obesity discourses can be identified ubiquitously when examining school systems both in Canada and internationally. School systems across the globe share similar obesity prevention health discourses that perpetuate simplistic and individualistic messages that frame "fat" as bad, weight as indicative of health and health as primarily a consequence of personal lifestyle choices (Robertson & Thomson, 2012). This is exemplified in HPE curriculum documents that explicitly encourage a calories-in versus calories-out approach, the use of BMI self-monitoring tools, the use of moralistic attributes to describe "good" and "bad" foods and numerous other forms of simplistic messaging (Robertson & Thomson, 2012).

In contrast, complex messaging, which is more reflective of critical body-equitable health approaches, advocates for multiple determinants of health, the notion that "people can be healthy at different sizes" (Robertson & Thomson, 2012, p. 342) and a balanced diet with a variety of foods choices. Complex messaging aligns with the work of Larkin and Rice's (2005) body equity model, which was outlined in the previous chapter. Complex messaging shifts the focus away from shape and size and replaces it with the notion that a wide range of bodies can be healthy and should be welcomed and accepted in society. Understanding that a wide range of bodies can be healthy may help to reduce forms of body-based harassment that contribute to weight bias and decreased

self-esteem. Additionally, intersectional complexities, such as systemic barriers to health and the interplay of psychological, socio-cultural and biological factors can be taken into greater consideration when weight bias is abandoned (LaMarre, Rice, & Jankowski, 2017).

Lorayne Robertson (2014), who specializes in Pan-Canadian policy analyses of body image, outlines the differences between a traditional curriculum and a "body-equitable" curriculum in her article "Body Equity – a concept long overdue" for the National Eating Disorder Information Centre. Robertson (2014) states that traditional approaches emphasize personal responsibility, body monitoring tools, the remediation of aberrant bodies and the overarching notion that "obesity is a social problem with an individual solution" (p. 3). In contrast, body-equitable approaches can be exemplified by learning outcomes that discuss the physical, social and emotional components of health; the role of genetics, societal and institutional barriers to health, the harmful effects of socio-cultural body ideals that glorify thinness/muscularity, how weight-based stigma can skew perceptions of health and how body-based dissatisfaction contributes to the capital gains of multi-level industries (e.g., the diet industry) (Roberson, 2014).

Critical body-equitable health approaches may be able to not only improve the self-esteem and body satisfaction of students, but they encourage students to understand social, psychological and physical aspects of being. When curricular changes are paired with SDOH and concepts that are related to systems of domination, such as capitalist state and familial narratives, developing a critical consciousness can help students to better understand their positionalities and form spaces for social mobilization and collective action (Chinn, 2011; Collins and Bilge, 2018). This may appear to put the onus

on students for social transformation but, in actuality, provides students with the opportunity to understand and protest why the onus should not be placed on them. It is thus pivotal that a shift from simplistic traditional curriculum approaches to critical body-equitable health curriculum approaches be made in school systems both in Canada and around the globe.

Alberta Context

Since the scope of this study is limited to Edmonton, Alberta I will situate my chosen site within the broader context of Canada-wide school HPE policies and approaches to provide a glimpse of the broader context. In Canada, education is a provincial responsibility as opposed to a federal responsibility (Robertson & Thomson, 2012a). Consequently, there has been a general lack of coherence among how HPE is addressed in school systems across the country. The Comprehensive School Health (CSH) framework is the closest to a Canada-wide school health policy that exists, with exceptions to the generic guidelines found in Canada's Food Guide (Robertson & Scheidler-Benns, 2016). To be specific, the CSH model "is an integrated school-based health promotion framework" (Fung, Kuhle, Lu, Purcell, Schwartz, Storey & Veugelers, 2012, p. 2) that is founded on "four inter-related pillars: 1) teaching and learning; 2) social and physical environments; 3) healthy school policy; and 4) partnerships and services" (Storey, Montemurro, Flynn, Schwartz, Wright, Osler & ... Roberts, 2016).

In an attempt to initiate Canada-wide coordination, Canadian health and education ministries formed the Pan-Canadian Joint Consortium for School Health (JCSH), "a mechanism through which horizontal, cross-sector collaboration between the two sectors

and across provincial, territorial and federal jurisdictions could be facilitated" (JCSH, 2010, p. 18). Although efforts to establish coherence among 13 provinces and territories through the JCSH was manufactured, the CSH model has been differentially translated into schools across the country. In the province of Alberta, the implementation of CSH has resulted in multiple initiatives, one of which is referred to as the Alberta Project Promoting active Living and health Eating in Schools (APPLE Schools), now formally known as "A Project Promoting healthy Living for Everyone in schools" (Storey et al., 2016, p. 2). The implementation of APPLE Schools in unique in that it follows its own conditional best practice steps, which are as follows: "1. access, vision and prioritize; 2. develop and implement an action plan; and 3. monitor, evaluate and celebrate" (Storey at al., 2016, p. 2). Although the CSH model has resulted in numerous projects, I focus on APPLE Schools because "the process in which APPLE Schools implements CSH has been recognized internationally as a best practice" (Storey et al., 2016, p. 2). In this sense, Alberta is a leader among provinces in Canada in taking a proactive and comprehensive approach to health education.

The project currently works with 51 schools in the province of Alberta and, as evident by its name change, it has also expanded to schools beyond the province (Storey et al., 2016). The APPLE School project works by involving both schools and their wider communities in the making of healthy school "cultures" (Storey et al., 2016). Each school is provided with a designated School Health Facilitator who is responsible for developing action plans, in consultation with "students, parents, teachers, school staff, and principals" (Storey et al., 2016, p. 5) that align with the school's unique needs. Although APPLE Schools (n.d.) have had success in improving physical activity, they are very

much grounded in an obesity prevention model, with "decreased obesity" as an indicator for success on their website. It is also notable that they measure success in terms of simplistic messaging, noting that students "consume 237 fewer calories per day" (APPLE Schools, n.d.). CSH approaches may benefit from shifting the ways in which they measure success to better align with body equitable concepts and their purported whole-school approach to health that is complex and takes multiple determinants of health into consideration.

Much like comprehensive school approaches, Alberta is a leader in the implementation of Daily Physical Activity (DPA) policies in schools across Canada. Feeding into anti-obesity discourses, DPA policies emerged as a result of increased pressure experienced by provinces to address the extremely low percentage of students meeting Canada's recommended guidelines for physical activity (8% for boys and 4% for girls) (Olstad, Campbell, Raine, Nykiforuk, 2015). Although DPA is rooted in capitalist state anti-obesity discourses (discussed in the previous section), I argue that it is nonetheless important because at least it offers time outside of the traditional physical education classroom for students to participate in unstructured joyful movement. Governments have implemented DPA policies in 5 out of Canada's 13 provinces and territories (i.e., Alberta British Columbia, Saskatchewan, Manitoba and Ontario) and differ according to the unique jurisdiction in which they are being implemented (Olstad, Campbell, Raine, Nykiforuk, 2015, 2015).

For instance, Alberta does not stipulate regulations around the time of day DPA is conducted, nor does it enforce that it must consist of moderate-to-vigorous physical activity (MVPA) (Olstad et al., 2015). Conversely, Ontario states that schools must

provide sustained MVPA for a minimum of 20 minutes per day, whereas every other participating province requires a minimum of 30 minutes or more (Olstad et al., 2015). The province of Manitoba applies its DPA policy to grades 11 and 12, British Columbia and Saskatchewan apply their DPA policies to all grades and Alberta and Ontario restrict DPA to lower grades (1-9) (Olstad et al., 2015). Notably, scholars have classified Alberta as an "innovator" in the realm of physical activity because it was one of the first provinces in Canada to adopt a DPA policy (Olstad et al., 2015). Additionally, it is currently undergoing a curriculum redesign that encourages a "wellness-oriented philosophical perspective" (Kilborn, Lorusso & Francis, 2016, p. 35) that aligns more closely with the CSH framework (Kilborn, 2012). I have previously noted the limitations of a CSH approach and specified the ways in which it harmfully promotes obesity prevention. Although there may be benefits of DPA, policies are largely galvanized by motives of obesity prevention and province-specific provisions on DPA have produced incoherencies across Canadian HPE (Olstad et al., 2015).

Lorayne Robertson and Dianne Thomson (2012) developed a "body image analysis framework" (p. 341) in a study they conducted to examine "the treatment of body image in Canadian Health and Physical Education (HPE) curriculum policies" (p. 335). According to their analysis, Alberta ranked number one out of all 13 provinces and territories in regards to incorporating body image and complex messaging of health in its curriculum (Robertson & Thomson, 2012). The authors note that body image is addressed across all grade levels in Alberta HPE curriculum documents and that, in physical education, there is attention given to the relation of ability and body image and, in health education, self-efficacy and complexity is emphasized (Robertson & Thomson, 2012).

Given that Alberta is rated the top province in terms of addressing body image in curriculum, Robertson and Thomson's (2012) framework is a testament to how much work needs to be done in Canada in terms of challenging anti-obesity discourses and the importance of this study in analyzing the strengths and weaknesses of Canada's best-case scenario. The "body image analysis framework" (Robertson & Thomson, 2012, p. 341) further highlights the discrepancies in HPE across the country, the marginalization of body image in curriculum documents and the pervasiveness of dominant health discourse in current educational contexts.

Alberta Health Curriculum

In the "Health and Life Skills K-9" (Alberta Education, 2002) PoS, CSH is mentioned in the program rationale along with the excerpt, "The health of students is viewed as an integral component of a larger system of health within the home, school and community environment" (Alberta Education, 2002, p. 2). The structural supports offered and encouraged by the use of a CSH include the incorporation of a School Health Facilitator. For example, facilitators who partner with stakeholders in the community, parents, students, school staff and principals to create designated action plans (Storey et al., 2016) act as a guide that reflects notions of collective responsibility for health. However, they also continue to reinforce personal responsibility in the form of self-governance among students. For instance, the importance of personal responsibility is explicitly mentioned in the "Health and Life Skills K-9" (Alberta Education, 2002) program rationale, noting "Students develop personal responsibility for health, learn to prevent or reduce risk, and have opportunities to demonstrate caring for self and others"

(p. 2). This statement from the program rationale demonstrates the ways in which students are taught to self-govern by taking up social goals through individual behavioural change. For one thing, the emphasis of CSH frameworks that promote whole-school approaches along with individualizing messaging that promotes personal responsibility over health in the program rationale demonstrates conflicting messaging that is representative of combined approaches.

The three general outcomes are titled 1) "Wellness Choices," (Alberta Education, 2002, p. 3), which emphasizes responsible decision-making, 2) "Relationship Choices," (Alberta Education, 2002, p. 3), which highlights interpersonal skills and 3) "Life Long Learning Choices," (Alberta Education, 2002, p. 3), which focuses on long-terms goals and outcomes. Notably, the term "choice" is present within each general outcome and is associated with individual determinants of health as opposed to collective (Robertson & Scheidler-Benns, 2016). In fact, "choice" is a classic individualizing capitalist term that provides the false notion that students have the option to choose or not choose specific actions without considering the ways in which choice is structured by external forces. More specifically, as Foucauldian analyses have shown, technologies of self-governance work to obscure the underlying reasons why someone may be unable to achieve or maintain a body that is "healthy" (Cruikshank, 1996). This is apparent in Canada too, as Lorayne Robertson and Joli Scheidler-Benns (2016) argue when they note that, "the overall Canadian policy stance is that the responsibility for improving healthy eating rests on the shoulders of the student population to make good choices reflecting a narrow, neo-liberal approach" (p. 169). Thus, Canadian policy suggests students must self-govern to acquire, maintain and reproduce "bodily capital" (Dworkin & Wachs, 2009, p. 14) and

contribute to capitalist state narratives of what it means to be "a healthy productive citizen" (LaMarre, Rice, & Jankowski, 2017, p. 1) with disregard for the fact that "student choice of food is affected by genetics, development, and a host of ecological factors which include food security, food origins, food composition, food marketing and the food environment" (Robertson and Scheidler-Benns, 2016, p. 169). Therefore, students do not always have the ability to control their genetic predispositions, physical development, environmental influences or mental health and wellbeing. As such, an interdisciplinary approach that understands the interplay of biology, psychology and socio-cultural influences as situated within systems of power is essential to better understand body image dis/satisfaction. Additionally, it is crucial to be aware of the ways in which students are taught to self-govern and capitalist-state meaning systems behind the term "choice," specifically when it is used in an educational context.

For the purposes of this study, I will analyze the specific outcomes that fall under the purview of "Wellness Choices" (Alberta Education, 2002, p. 3) and the sub-heading, "Personal Health" (Alberta Education, 2002, p. 6). After careful review, it was found that some of the specific outcomes in the Health and Life Skills PoS (Alberta Education, 2002) are representative of complex, critical body-equitable health approaches and advocate for learning goals such as, "[students will] identify physical characteristics that make themselves both similar to and different from others" (p. 6) and "[students will] demonstrate appreciation for own body; e.g., make positive statements about activities one can do" (p. 6). A grade six outcome asks students to "examine how health habits/behaviours influence body image and feelings of self-worth" (Alberta Education, 2002, p. 7). These outcomes are complex because they encourage students to see physical

differences in a positive way and to value physical activity because of how it makes them *feel*, as opposed to look. In fact, the term "body image" was mentioned up to seven times throughout the PoS (Alberta Education, 2002), which is much more than provinces such as Manitoba that do not mention it at all (Robertson & Thomson, 2012). One specific outcome considers the role of genetics and the environment as factors that influence body characteristics and another encourages students to examine how different stages of development can occur at "different rates and at different times" (Alberta Education, 2002, p. 6). Thus, supporting teachings conducive to body-based differences.

With that being said, simplistic and individualistic messaging can also be found within the Alberta Health and Life Skills PoS (Alberta Education, 2002). For instance, Canada's Food Guide is mentioned in grade two and three, which presents a myopic understanding of food groups and advocates for personal responsibility over food choices with disregard for the systemic, geographic or economic barriers students may be facing (Robertson & Scheidler-Benns, 2016). To elaborate, a student whose family is encountering economic hardship may be unable to afford groceries that include a wide range of food groups or may not have access to transportation that makes it easy to get to and from the grocery store. Additionally, an outcome in grade six teaches self-surveillance habits by enforcing students to "analyze personal eating behavior – food and fluids – in a variety of settings" (Alberta Education, 2002, p. 7). By requiring students to analyze their eating behaviours through narratives of health, students learn to self-govern their bodies for the purposes of "social good" (read: capitalist productivity). This process of self-governance is an intentional outcome of educational, political and governmental motives that seek for students to "voluntarily subject themselves to power" (Cruikshank,

1996, p. 247) and "act as their own masters" (Cruikshank, 1996, p. 247) so that it does not seem coercive. A Foucauldian analysis makes it evident that self-governing practices taught within school systems may be harmful to students because they contribute to capitalist state narratives and produce "productive" citizens.

In general, the Alberta "Health and Life Skills K-9" (Alberta Education, 2002) PoS incorporates a large number of body-equitable related specific outcomes that mention body image, developmental stages and the role of genetics and the environment on body shape and overall health. With that being said, governmental departments, such as Alberta Education which help to shape outcomes in the PoS intentionally rely on external frameworks that promote anti-obesity, such as CSH and Canada's Food Guide. Additionally, educational, political and governmental motives that teach students to self-govern their own bodies are a problematic finding that are evidenced by outcomes related to self-surveillance.

Since specific outcomes related to physical education and activity can be identified within the Alberta "Health and Life Skills Kindergarten to Grade 9" (Alberta Education, 2002) PoS, I have analyzed them both within this document and within the "Physical Education" (Alberta Education, 2000) K-12 PoS. The physical activity related specific outcomes located within the health PoS are located under the "Personal Health" general outcome and are vague in nature (e.g., "W-1.1 describe the health benefits of physical activity" (Alberta Education, 2002, p. 6), providing teachers with the opportunity to extrapolate on them as they see fit.

Additionally, implicit messages of personal responsibility for daily physical activity are present, such as "make choices to be physically active daily" (Alberta

Education, 2002, p. 6), with no mention of students' economic, systemic, geographic and physical capability. In specific, this outcome relies on teachers themselves to apply SDOH to their teaching practices of this outcome as they see fit. By way of example, a student may not be in close proximity to a park or playground and may not have the financial ability to visit a recreation center or join an extracurricular sport. As a result, the outcome relies on teachers to provide examples of alternative ways to stay active to their students and assumes that teachers are well acquainted with the SDOH that affect their students.

Conversely, there is evidence of body-equitable outcomes that highlight the importance of emotional and social wellness in addition to physical wellness and the necessity for balance and variety in one's pursuit of physical activity, such as the inclusion of rest and sleep (Alberta Education, 2002). Although there are outcomes that suggest health is complex, the physical activity outcomes found within the health PoS are, for the most part, non-descriptive and vague, relying on teachers to extrapolate them as they see fit. Additionally, they tend to place the onus on students, to engage in social transformation, and teachers, to identify the multiplicity of barriers for physical activity among students in Alberta school systems.

Alberta Physical Education Curriculum

The "Physical Education" (Alberta Education, 2000) K-12 PoS program rationale explicitly refers to reduction of obesity and the impetus for students to assume personal responsibility for health as some of the benefits of physical activity, which directly relates to governmental goals for students to assume bodily self-governance. With that being

said, the program rationale also mentions the role of physical activity in improving the overall wellbeing of students and their self-confidence (Alberta Education, 2000). It states that physical education contributes to health, an active lifestyle, skill development, positive social interactions, self-confidence, goal setting, reduced health care costs (read: social good under neoliberal policy frameworks) and academic achievement (Alberta Education, 2000). The foci of the PoS is primarily on the development of movement related skills, with roughly half of the outcomes stemming from this topic, and is branched into four general outcomes, a) Activity, b) Benefits Health, c) Cooperation and d) "Do it Daily… for Life!" (Alberta Education, 2000, p. 4). To be specific, the general outcomes are understood as:

students will:

Activity – acquire skills through a variety of developmentally appropriate movement activities; dance, games, types of gymnastics, individual activities and activities in an alternative environment; e.g., aquatics and outdoor pursuits

Benefits Health – understand, experience and appreciate the health benefits that result from physical activity

Cooperation – interact positively with others

Do it Daily… for Life! – assume responsibility to lead an active way of life"

(Alberta Education, 2000, p. 4).

For the purposes of this study, I will analyze general outcomes b, c and d. In general outcome b, there are three sub-sections titled, "Functional Fitness," (Alberta Education, 2000, p. 5), "Body Image" (Alberta Education, 2000, p. 5) and "Wellbeing" (Alberta Education, 2000, p. 5) that each acquires their own specific outcomes. Similarly,

general outcome c attains sub-sections titled, "Communication," (Alberta Education, 2000, p. 5), "Fair Play," (Alberta Education, 2000, p. 5), "Leadership" (Alberta Education, 2000, p. 5) and "Teamwork;" (Alberta Education, 2000, p. 5); while general outcome d's sub-sections are titled, "Effort," (Alberta Education, 2000, p. 5), "Safety," (Alberta Education, 2000, p. 5), "Goal Setting/Personal Challenge" (Alberta Education, 2000, p. 5) and "Active Living in the Community" (Alberta Education, 2000, p. 5). The titles of the sub-sections alone convey that outcomes will address body image and potentially the socio-emotional health of students, however the degree to which they are addressed is yet to be analyzed.

"Functional Fitness," (Alberta Education, 2000, p. 5) located within general outcome b, focuses on individualistic, personal approaches that advocate for self-surveillance and self-monitoring of physical activity. The majority of the specific outcomes build upon each other consecutively, starting with kindergarten outcomes that begin with, "recognize improvement in physical abilities" (Alberta Education, 2000, p. 18) to grade six outcomes such as, "demonstrate and select ways to achieve a *personal* functional level of physical fitness through participation in physical activity" (Alberta Education, 2000, p. 19, emphasis not in original). To be specific, both outcomes encourage self-monitoring behaviours by encouraging students to assess their own fitness levels and the comparison between the grade levels signifies how the intensity of these messages increase as students get older.

Foucault's notion of "analytical pedagogy" (Schwan & Shapiro, 2011, p. 110) explains why an increase in the intensity of messaging as students age is purposeful and can be harmful. To be specific, "analytical pedagogy" (Schwan & Shapiro, 2011, p. 110)

asserts curriculum progresses in alignment with the assumption that child development is linear. However, this assumption functions to create a monolithic student who is imagined purely as human capital: that is someone who will progressively grow just as capital is imagined and needs to progressively grow for capitalism to continue. However, as intersectional feminism has taught us, there is no such thing as a monolithic student that constitutes human capital under capitalism. To imagine a monolithic student is to dehumanize and disregard the abundance of experiences that students carry with them and misrecognize the particular structures of inequality that shape any given student. "Analytical pedagogy" (Schwan & Shapiro, 2011, p. 110) does not consider that child development can be non-linear and does not progress in the same way for every student. Additionally, it is problematic because student success is determined based on a hierarchical transition from grade-to-grade. In HPE, student success is determined by how well students learn to self-govern their bodies from year-to-year.

The sub-section titled "Body Image" (Alberta Education, 2000, p. 5) only attains one specific outcome in comparison to the others within general outcome b, which have three or more, and places an emphasis on personal ability from kindergarten until grade four, at which point it is reframed to align more closely with body equitable approaches. Moreover, there is a shift from "recognize personal abilities while participating in physical activity" (Alberta Education, 2000, p. 18) to "acknowledge and accept individual differences in body shapes and how different body types contribute to positive involvement in physical activities" (Alberta Education, 2000, p. 19). Thus, although there is an evident shift from messaging that emphasizes the personal to the body-equitable, it is not until grade four and it is the smallest sub-section among all others. Without putting

body-equitable and anti-obesity discourses in relation to each other makes for conditions of producing confusion and, indeed, as we will see in Chapter Three, students often express such confusion. Additionally, further research needs to be conducted to better understand if teachers understand the shift in language from anti-obesity to body equity and how they pedagogically take it up with students.

Finally, the sub-section "Wellbeing" (Alberta Education, 2000, p. 5) has aspects of body equity embedded into some of its specific outcomes, such as, "describe positive benefits gained from physical activity; e.g., physically, emotionally, socially," (Alberta Education, 2000, p. 19) and "understand the connection between physical activity, stress management and relaxation" (Alberta Education, 2000, p. 19), but, likewise to other outcomes, encourages self-monitoring behaviours with other outcomes that state, "describe and chart individual fitness changes as a result of engaging in physical activity" (Alberta Education, 2000, p. 19). This outcome, in particular, demonstrates an explicit example of self-monitoring tools through the use of charting and works to undermine body-equitable oriented outcomes that support notions that health is multidimensional.

The specific outcomes found within general outcome c, "Cooperation" (Alberta Education, 2000, p. 5), and d, "Do it Daily… for Life!" (Alberta Education, 2000, p. 5) attend to similar themes, with the former highlighting skills that demonstrate "respect for self and others" (Alberta Education, 2000, p. 23), communication, teamwork, fair play, willingness to share and accepting assigned roles and the latter emphasizing willingness to participate and follow rules, practice safe movement activities and the "enjoyment of participation through extended effort in physical activity" (Alberta Education, 2000, p. 27). Notably, general outcome d differs in that it emphatically addresses student's unique

positionalities toward physical activity. The first noticeable finding of this is located in the grade three sub-section, "Effort" (Alberta Education, 2000, p. 5), which states, "describe factors that encourage movement and a personal feeling about movement" (Alberta Education, 2000, p. 26). In other words, the outcome is encouraging students to associate movement with a feeling rather than a way in which to monitor one's body. "Goal Setting/Personal Challenge" (Alberta Education, 2000, p. 5) and "Active Living in the Community" (Alberta Education, 2000, p. 5) expand on this even further by inviting students to adapt an activity in accordance to what they find challenging and to "examine factors that influence community decisions to support and promote physical activity" (Alberta Education, 2000, p. 31). These outcomes are the few within the "Physical Education" (Alberta Education, 2000) K-12 PoS that acknowledge the different skill sets students may possess and external factors within the community that play a role in students' physical activity levels. Such factors may include capitalist state narratives and structural barriers, such as those influenced by socio-political forces referred to in the Introduction.

Conclusion

Overall, the "Health and Life Skills Kindergarten to Grade 9" and the "Physical Education" (Alberta Education, 2000) K-12 PoS both mention body image and allude to it in terms of critical body-equitable health standpoints. To elaborate, specific outcomes refer to body image in relation to self-worth, balance and variety, genetic and environmental factors that influence health, the recognition of unique body shapes and sizes and positive feelings associated with movement (Alberta Education 2000; Alberta

Education, 2002). Although these outcomes are groundbreaking when compared to other provinces and territories in Canada, they become problematic when also paired with dominant anti-obesity messaging that encourages students to self-monitor themselves through surveillance techniques, such as analyzing food consumption and charting physical activity (Alberta Education, 2002).

Scholars such as LaMarre, Rice and Jankowski (2017) have cautioned against mixed messaging, or a combined approach that advocates for both eating disorder and obesity prevention, due to its ability to cause discursive confusion among teachers and students. In other words, it is difficult to teach for body equity while simultaneously enacting hyper vigilance over fat/non-normative bodies. Consequently, students who do not fit within the socially constructed center of not too thin nor too large may struggle to see themselves as "normal," causing greater body distress (LaMarre, Rice and Jankowski, 2017). All in all, including dominant discourses of anti-obesity alongside critical body-equitable health approaches complicates messages that both teachers and students receive, causing greater body distress for students who do not fit within socially constructed norms that dictate body ideals for girls. Some scholars in the field of body image, such as Shelley Russell-Mayhew and Angela Grace (2016), argue that combined approaches of eating disorder and obesity prevention can be simultaneously implemented on the condition that prevention efforts adopt "wellness-based approaches"(p. 56) that "focus on modifying the institutions and environmental factors that impact social and physical environments" (p. 56) as opposed to individual approaches that highlight risk or illness. In other words, integrative prevention methods may be beneficial so long as critical body-equitable health messaging aligns across both forms of prevention.

To mitigate the mixed messaging that results from combined approaches, learning outcomes such as, "make choices to be physically active daily" (Alberta Education, 2002, p. 6) and "describe and chart individual fitness changes as a result of engaging in physical activity" (Alberta Education, 2000, p. 19), can be rephrased to represent critical body-equitable health approaches. For instance, the former can be rephrased to state, "identify barriers/facilitators that differentially impact peoples' ability to be physically active" and the latter can be translated to, "understand that people have diverse strengths and shortcomings, differentially impacting rates of growth in different activities/sports." Additionally, although there are specific outcomes that acknowledge the role of broader, environmental settings and communities on health within this discursive analysis, it is important for teachers and students to understand that individual responsibility over personal health is justified through the promotion of social good which is usually manifest through self-governing practices encouraged under capitalist state and social processes. Rhetoric's of social good that encourage self-governing practices function to dehumanize students by essentializing their complex embodied experiences. Under these discursive norms, "health" becomes about using bodies as mechanisms to produce capital. By way of example, an aforementioned outcome from the Health and Life Skills K-9" (Alberta Education, 2002) PoS states that students will, "analyze personal eating behavior – food and fluids – in a variety of settings" (p. 7), encouraging self-surveillance at school, home, in the community and beyond. Consequently, caution must be exerted when terms such as "environment," "settings" or "community" are mentioned in order to better understand whether or not they are being used to facilitate self-governing behaviors under the guise of social good and whether or not purported collective action (read:

involving community stakeholders, parents, students, school staff and principals) actually involves structural change such as transforming curriculum, mitigating barriers for students, reframing HPE narratives that promote personal responsibility over health and creating collective spaces for students to mobilize for social action.

Chapter III: "Sugar, I think is a food group": Discursive Confusion and the

Individualization of Responsibility

Participants in this study possessed different understandings of anti-obesity and body equitable notions of health, which was evidenced by how they defined the term "health," their perceptions about specific foods, their rationales for engaging in physical activity and the ways in which they described a "healthy" person. Anti-obesity approaches were better understood by participants and reflective of their own habits and behaviours. Likewise, participants describe experiencing body distress, showcase confusion and even describe participating in harmful behaviours. Approaches to mitigate such issues were offered by participants and I build on their suggestions using intersectional feminist body becoming frameworks.

First, I will detail participant demographics, which I gathered through a Personal Identifier Form (see Appendix A), and the four superior and eight subordinate themes that were derived from individual semi-structured interviews. As previously mentioned in the Introduction, the four superior themes are as follows: Dual Understandings of Simplistic and Complex Health Messaging; Influence of Peer and Family-Based Support Networks; Gendered Performativity in Physical Education (PE) and; Harassment and Harassment-Free Zones. Each superior theme consists of two subordinate themes that have shaped the overall superior theme. The two subordinate themes that shaped the first superior theme are related to combined approaches of anti-obesity and body equity and are as follows: Complex Understandings of the Term "Health" and Areas of Discursive Confusion.

The second set of subordinate themes speaks to interpersonal relationships and are titled Peer Support Systems and Sport and "It's All in the Family" (Collins, p. 62, 1998). In particular, I use direct quotations from participants to demonstrate the significance their friendships have on their body image dis/satisfaction and familial dynamics that (re)produce dominant discourses of gendering. The third set of subordinate themes is grouped according to personal ability and gendering in the sphere of PE and are as follows: Self-Worth and Performativity and Co-Educational PE Classes. The last two subordinate themes focus on body-based harassment related to racialization and weight bias.

Specifically, I discuss why individualistic school-based attempts to mitigate such issues fail and the importance of social mobilization. The two subordinate themes are titled Body-Based Harassment and A "Girls Club": Spaces for Collective Action. Each theme is supported by participant responses from interviews, including direct quotations, and I will discuss them in relation to critical body-equitable health approaches and the intersectional feminist theoretical framework of this study. To be specific, in this chapter I highlight the participant responses and my interpretation of the key themes grounded in the findings from this study and in the next chapter I elaborate on the themes in relation to literature and theory in order to draw further conclusions based on them.

Participant Demographics

Of the nine participants that are all identified using pseudonyms, two identified as Asian, one identified as South Asian, one self-identified as South African Indian, two identified as Canadian, one identified as both European and Canadian and two identified

as "Other." In other words, four of the nine participants could be described as racialized. The Personal Identifier Form (see Appendix A), through which participant demographics were gathered, defined Asia as "China, Hong Kong, Japan, etc.," South Asia as "India, Nepal, Pakistan, etc.," Europe as Germany, France, Ukraine, etc.," Africa as "Algeria, Kenya, Ethiopia, etc.," and Canada as "First Nations, Metis, Inuit." All of the participants identified as girls and none claimed that they had a physical disability. In terms of predominance of class backgrounds, there was not much variable in the sample as participants primarily came from middle- or upper-class homes. To be specific, all but one participant stated they lived in a "Medium" sized home, with one other claiming they lived in a "Big" home, and that money was either "Never" or "Sometimes" a problem for their family. In regards to religious faiths, one student identified as following Hinduism while all others identified as "Not religious." *See table below for participant demographics.*

Pseudonym	My gender identity is:	My biological family members come from:	I live in a ____house:	Money is _____ a problem for my family:	I have a physical disability:	The religion I follow is:
Megha	Girl	South Asia	Medium	Sometimes	No	Hinduism
Sophie	Girl	Canada	Medium	Never	No	Not religious
Nicole	Girl	Canada	Medium	Sometimes	No	Not religious
Sarah	Girl	Other	Big	Sometimes	No	Not religious
Jade	Girl	Asia	Medium	Sometimes	No	Not religious
Ming	Girl	Asia	Medium	Never	No	Not religious
Melissa	Girl	Other	Medium	Never	No	Not religious

Christina	Girl	Europe and Canada	Medium	Never	No	Not religious
Keisha	Girl	Other (South African Indian)	Medium	Sometimes	No	Not religious

In the next section I elaborate on each theme using relevant data from interviews to support the broader superior and narrower subordinate themes. I group like responses but am careful to not homogenize participants. Instead, I aim to showcase their many nuanced experiences.

I. Dual Understandings of Simplistic and Complex Health Messaging

Given that the discursive analysis showed curricular outcomes that embodied both anti-obesity and body equity, it is no surprise that interviewee words also demonstrated similarly co-existing discourses. As noted in the Introduction, research stresses that combined approaches lead to discursive confusion due to conflicting narratives of anti-fat and fat acceptance (LaMarre, Rice and Jankowski, 2017). It is thus understandable that grade six girls echo such confusion and conflict in their narratives, which contributes to generating their encounters with body distress. A key finding of this study is thus that discursive confusion itself generates the body distress that policies are ostensibly oriented to mitigating.

a. Complex Understandings of the Term "Health"

In response to the first two interview questions, "How do you define the word "healthy?" and "How can you tell if someone is healthy or unhealthy?" Sarah, Jade, Christina and Keisha alluded to mental, spiritual and emotional facets of health.

However, their responses were absent of structural forms of change and included simplistic definitions of health, such as prescribing moral attributes to specific foods and emphasizing exercise.

> When you're eating healthy and not just junk so when you're having your fruits and veggies and all the food groups and when you're working out and not just laying on your couch all day watching TV, like get some activity in there. And also having a healthy relationship with friends and family so like your family should be nice to you cause if they're not nice to you it could really affect you mentally same with friends so yea. (Sarah)
>
> Um if you eat like healthy stuff and if you exercise and like not like stay at home and watch too much TV and stuff like that and um just being kind to other people cause that's kind of also being healthy kind of –ish. (Jade)
>
> Um, I define the word healthy as making sure that you are, like you're physically in good shape, mentally and spiritually you're completely - you don't have any negative things even if it's like an illness or you are just very negative in your mind. (Christina)
>
> I feel like a big part of being healthy is smiling a lot because that can show you're happy or if you don't smile it could mean that you're in pain or you're sad like something happened to you at home or at school and what people say to you is also a part of being healthy and if someone doesn't have a lot of energy then they might not be as healthy or its hard for them, say, in gym, to run a lap or whatever because they might not have been like brought up in like -as not exercising as often, which is also a big part of being healthy. (Keisha)

Although Sarah, Jade, Christina and Keisha all evidence complex understandings of health by contending that health is inclusive of emotional wellbeing and the presence of positive personal relationships, their examples involve individual behavioural changes, such as smiling or being kind, as opposed to implementing structural changes. Sarah, Jade, Christina and Keisha also refer to simplistic definitions of health, such as being "in good shape" (read: weight bias) and by dichotomizing "junk food" from "fruits and vegetables" (read: the notion that there is "bad" and "good" food). Sarah, in particular, was the only participant who emphasized that under-eating can be a serious health problem and that "eating enough" is a component of good health.

> If you're not eating enough it could even lead to death and your liver could stop working, which is very important. (Sarah)

In response to the last interview question, "How can schools do a better job of teaching girls to love and accept their bodies?" Sarah advocated that more classroom time should be allocated to topics that dismantle weight bias and highlight body equity as opposed to topics such as babysitting or the food guide.

> I find that in school – like health, they don't focus a lot on important things. Like it's important to learn about the safety of babysitting but we focused on that for like two months and I feel like we could only focus on it for a week cause we know the importance of it, cause a lot of us have been to the babysitters course as well. I feel like they should teach people that everyone's bodies are different – so like your friend could be born naturally skinny and one of them could be a little more overweight but they're both healthy and you shouldn't change that. (Sarah)

Similarly, in response to question 10, Christina stated that greater discussion about positive body image would be beneficial and, in PE, a greater emphasis could be placed on acknowledging that students possess unique strengths and different areas of difficulties.

> I think more just conversations in health, talking about positive body image. (Christina)

> There are people who maybe can't do certain things or struggle with things just being a little more aware because I think it will help and just be aware that everybody has different strong points and not strong points. (Christina)

b. Areas of Discursive Confusion

Despite the fact that some of the participants I interviewed showcased complex or deeper understandings of health than others, all of the participants alluded to dominant discourses of health and individual behaviour changes. In fact, eight out of the nine participants mentioned one or more of the following words in a negative context: junk food, processed foods, candy, sugar. In the interviews the term "junk food" came up a total of nine times and the term "sugar" was mentioned 24 times. These terms were ubiquitous across interviews and highlight problematic ways of thinking because they were mentioned in contrast to "healthy" foods, such as "fruits and vegetables." To draw on Judith Butler's (1999) notion of subjecthood previously discussed in the Introduction, participants' subjectivity has incorporated dominant capitalist state narratives that characterize foods as either "bad" or "good," in which the former is a cheaper alternative to the latter.

> A healthy lunch, does not have - is not packed full of sugar. Like, Salad or a
> sandwich and not ice cream for lunch (Christina)

In response to question one, "How do you define the word healthy?" Sophie suggested that it means not eating junk food and exercising. I proceeded to probe Sophie with the question, "What kinds of food would you describe as junk food?" she stated,

> Like candy and McDonalds and most fast food restaurants and ice cream or
> anything with sugar in it, like lots of sugar. (Sophie)

Others responded in a similar manner,

> When you're eating healthy and not just junk so when you're having your fruits
> and veggies and all the food groups and when you're working out and not just
> laying on your couch all day watching TV. (Sarah)
>
> I think it is eating healthy items like vegetables and fruits on a daily basis and
> doing lots of physical activity. Yea, that's basically it. (Ming)

As discussed by scholars such as Lorayne Robertson and Dianne Thomson (2012), the demonization and glorification of specific foods supports conceptions that there is "good" food and "bad" food. Consequently, students associate these moral values with themselves when eating foods deemed "good" or "bad." This is also apparent in participant responses to the question, "Would you describe yourself as healthy? Why or why not?"

> Um kind of, cause sometimes I like to eat chips and sometimes I just like
> vegetables. (Jade)

In this instance, Jade believes eating chips (read: bad) makes her unhealthy whereas eating vegetables (read: good) makes her healthy.

> There is always that time when I get sad and I eat a lot cause that sometimes helps but overall I'm pretty healthy. (Sarah)

Sarah does not describe a specific type of food but describes herself as unhealthy when she eats "a lot," implying the assumption that she is healthy when she eats little. More specifically, Sarah demonstrates her subjectivity to capitalist state anti-obesity discourses that are located in HPE curriculum documents that define what it means to be a "healthy productive citizen" (LaMarre, Rice, & Jankowski, 2017, p. 1) by juxtaposing her food consumption, or self-control, with being healthy or unhealthy. It is in these responses in which participants are asked to speak about their particular individual habits that any understanding of body equity located in their general responses about health gets diminished. The vague and abstract understandings of body equity that quickly get diminished demonstrate the success of the efficacy of individualizing anti-obesity discourses in the curriculum.

> Not really, only because I eat a lot of junk food so, um I'm a dancer and I try and get as much physical activity as I can. (Nicole)

Nicole explicitly states she believes she is unhealthy because she eats "a lot of junk food" and tries to compensate for it by engaging in physical activity (read: burning off calories).

> I would say yes because I try to eat really good foods not necessarily junk food all the time and I'm a very fit person I do play a lot of sports. (Megha)

Although Megha believes she is healthy, it is primarily because she attempts to eat "good foods" and not "junk food" (read: bad). Additionally, Megha correlates her ability to play sports to being a healthy "fit person," reflecting notions of self-governance over her

body. In response to question eight, "How do you feel when you look at your body?" Megha stated,

> It depends on the way I feel. Like some days after I just had a really healthy snack or something and then I look at my body I kind of feel happy but sometimes after having like junk, junky kind of stuff, it kind of makes me really bloated, like I feel like I'm overweight but I know I'm not. Kind of like that. (Megha)

Megha's response highlights the degree to which her body image dis/satisfaction is so concretely related to her understandings of good and bad food types. Additionally,the notion of "good" versus "bad" food has resulted in assumptions among students that may dictate some of their eating behaviours or what they choose to pack in their lunch.

> [Discussing a "healthy" lunch] A candy bar isn't going to change it cause you're eating enough healthy food that the healthy food overpowers the unhealthy food. (Keisha)

Keisha is under the impression that healthy foods counteract unhealthy foods and adopts a black and white standpoint about healthy and unhealthy foods. What Keisha fails to mention is that variety and balance are important in lunches and that "unhealthy" foods may carry nutrients that "healthy" foods do not. A combined discursive approach, in which anti-obesity outweighs critical body-equity health approaches, has resulted in discursive confusion and body distress among participants. In fact, one participant evidenced harmful behaviours, such as binge eating.

> Sometimes if there's like more than one chocolate you'll eat one and you'll want to keep eating them and that just doesn't really help your body. Um, but my mom never really packs me any sweets or anything so I don't really have to worry

about that its only when I get home and I see a bunch of chocolaty stuff in the pantry so I try to eat as less as I can as an afternoon snack. (Nicole)

Even more, some participants evidenced self-governing practices by engaging in self-surveillance and honing a sense of individual responsibility over her health.

I know how to control myself and do what I need to do and not go crazy over something. (Ming)

I encourage myself to be more active so I can keep looking like what I look like and not turn into something else. (Ming)

Additionally, when simplistic messaging, characterized by imaginaries of "good" and "bad" foods and hyper-vigilance over fat/non-normative bodies, is paired with complex messaging, characterized by notions of body equity that encourage health can be possible at a range of body shapes/sizes and there are different determinants that impact health, it can result in lack of understanding and confusion among participants. One participant evidenced conflicting notions of weight bias while others were unsure about food groups,

I can kind of signal if like people are healthy if like their body kind of looks like in a good shape but if they're not healthy - and there's some people who are healthy but are just a little bigger - but I can tell if people aren't healthy if they have a couple extra pounds. (Melissa)

Sugar, I think is a food group, no, I don't know. (Keisha)

In Melissa's case, she demonstrate complex body-equitable ways of thinking by stating "there's some people who are healthy but are just a litter bigger" while simultaneously demonstrating simplistic anti-obesity discourses by ending her response with "but I can

tell if people aren't healthy if they have a couple extra pounds." Melissa's response is also abstract by making commentary on someone else's hypothetical body.

Indeed, participant responses evidence the internalization of mixed messaging, or a combined approach of anti-obesity and body equity in which the former is valued greater than the latter, that co-exists with responses that suggest discursive confusion, the possible occurrence of harmful behaviours and body distress.

II. Influence of Peer and Family-Based Support Networks

Although a structured interview question on the topic of family, friends or support networks were non-existent from interviews, all nine participants attentively brought up their importance in responses to other questions. Participants noted how supportive friendships help foster greater self-esteem and body image satisfaction, as well as their experiences navigating familial influences on physical activity levels, eating habits and body image dis/satisfaction.

a. Peer Support Systems and Sport

When responding to question eight, "How do you feel when you look at your body?" Keisha mentions the use of makeup to mitigate issues of low self-esteem however notes that these feelings dissipate when she arrives at school and is around her friends.

> Um, I don't know. It depends on the day I think. I wear makeup, I tell people cause its fun to put on, and it is, but I feel like I'm also kind of self conscious what other people will think of me even like, when I'm outside walking, if I'm not wearing makeup or something I feel weird and that people are judging me even though I know deep down I know they're not cause I'm probably only going to see

these people once in my life and yea, so I think it mostly depends on the day and

how I'm feeling… but once I get to school and I'm with my friends then I don't

really care anymore cause they're great. (Keisha)

Keisha finds support from her friends in different facets of her life, including in the realm

of physical activity.

Cause I've been playing with the girls that I play with for a long time and even

outside of soft ball we know what's going on in each others lives and I feel like

for me, they're my best support to go to and so if I feel weird about my body after

softball then I'll go to them and talk to them and they'll reassure me and they'll

tell me that I was doing great in the game or that I could've done better but if

they're good at something then they'll show me what to do and help me and I do

the same for them (Keisha)

Although Keisha's friendships are an integral support system for her during moments of

low self-esteem and body image dissatisfaction, she stated that arguments with friends

could deter her emotional and physical wellbeing. For instance, when responding to

question four, "Do certain things make it harder for you to be healthy?" Keisha replied,

Maybe like fights with friends, so you don't want to be as active or be as

healthy… For me, if I'm mad at a friend or a friend's mad at me then I'll exercise

but I might not eat as much, cause I think its like your mental state isn't wanting

you to eat. (Keisha)

When Keisha does not have support from her friends it negatively impacts her desire to

eat. It is also likely that this interacts with feelings of sadness, drawing connections to the

relationships among food, mood and mental health. In Keisha's case, a lack of support

from her friends may make her more vulnerable to anti-obesity discourses, demonstrating that students might be more susceptible to internalizing individualizing anti-obesity discourses if they also experience relative social isolation in school. Other participants emphasized the importance of extracurricular sports in their lives and its role in formulating supportive friendships and improving mental health.

> [When describing her friends at dance] Well they're really supportive especially when we're about to go on stage or something we all wish each other good luck and try to be as kind to other people not just at our dance studio but like to other teams and stuff so yea I think that my team is supportive. (Nicole)

> When I dance I always get so happy and excited and I think almost everyone has their own sport or activity that makes them feel like that. My friend does BMXing and my other friend does taekwondo and I feel like they're a very important part of our lives. (Christina)

In response to question seven, "Is it important to be physically active? Why or why not?" Sophie asserted,

> Yes it is because it will also help you make more friends and you can do a bunch of different sports to see what you like best. (Sophie)

In sum, Keisha, Nicole, Christina and Sophie contend that the friendships they have developed, particularly those in extra-curricular activities, offer a great amount of support to them. In fact, the friendships some of them have fostered in extra-curricular activities contribute to their self-esteem and body image satisfaction. Conversely, their self-esteem and body image satisfaction can decrease when there are disruptions to their friendships

(e.g., arguments, fights, disputes), leaving them more susceptible to anti-obesity discourses and negatively impacting their mood/consumption of food.

b.   *"It's All in the Family" (Collins, p. 62, 1998)*

Out of a total of nine participants, only one identified as following a religious faith. Interestingly, this participant was also the only one who identified as a vegetarian, attributing it to familial and cultural influences. This is important to note in terms of the intersectional theoretical framework that seeks to understand the complexities inherent in the lives of grade six girls.

> Even if I did eat meat, I wouldn't eat pig because it's in my culture and when both my parents met they were vegetarian so I'm just vegetarian - except my step dad does eat meat. (Megha)

On the surface of it, Megha's decision to refrain from eating meat does not have anything to do with anti-obesity or critical body-equitable health approaches. That said, it does shed light on caste systems that are predominant in South Asian culture and in the Hindu religion that relate to hierarchies of class, education and production of labour. In this sense, caste-systems signify "bodily capital" (Dworkin & Wachs, 2009, p. 14) which, as noted in the Introduction, can have a profound impact on the food systems an individual may or may not have access to and influence which types of bodies are deemed "healthy" or "unhealthy."

The family also possessed control over participant lunchboxes and foods stored in the home. Typically, families enforced a restriction of sugar.

> My mom never really packs me any sweets or anything. (Nicole)

> My parents don't like me eating sugar. (Keisha)

Despite advocating for a restriction of sugar intake, families have contradictorily been

evidenced to encourage sugar consumption as well. For instance, although Nicole asserts

her mom avoids packing her sweets in her lunch, she responds to question four, "Do

certain things make it harder for you to be healthy?" by stating,

> Like [when] my family goes out for ice cream or something or someone brings a
>
> class treat in. (Nicole)

By restricting sugar intake in Nicole's lunch, the act of enjoying ice cream with her

family leads Nicole to feel as if it is a guilty treat. Likewise, Megha mentions how socio-

cultural influences can encourage her to eat sugar-enriched foods.

> If I'm at a birthday party and they have cake and I don't really wanna say no
>
> cause it might seem kind of rude so, and cakes not always healthy, so stuff like
>
> that. If someone brings birthday stuff for school and the whole class takes it I'll
>
> probably take it just so I don't seem rude. (Megha)

In addition to maintaining control over food choices inside and outside the home, nuclear

family dynamics which, as Patricia Hill Collins (1998) points out, seek to naturalize

familial gender roles and ways of being also influenced levels of physical activity among

participants.

> I bike to school everyday, I bike to school and back and that is about one
>
> kilometer a day so that's good and sometimes my family we'll go on a run.
>
> (Sarah)
>
> I walk my sister to the park a lot. (Sophie)

In their responses, Sarah highlights how her family encourages her to be active by going

on runs together (it is unknown who directs the runs and which family members

participate) and Sophie describes her feminized caretaking duty of walking her sister to the park. Participants also mentioned how their families encouraged heteronormative views about sexuality. For instance, in response to question eight, "How do you feel when you look at your body?" Jade stated,

> I feel kind of proud and kind of like, I don't know, cause I'm kind of like tall I guess and my moms like its nice to be tall and yea. My mom's like if you're tall then it's easier to find a boyfriend. (Jade)

Jade's response evidences that she attaches her body image dis/satisfaction to heteronormative feminine ideals emphasized by her mother. Jade and her mother operate within what Collins (1998) denotes as the "traditional family ideal" (Collins, p. 65, 1998), which supports binary gender roles that encourage heterosexual forms of reproduction. Jade's family socialization and narrative reflect those of reproductive labour/capital, as briefly discussed in the Introduction, and diminishes those who do not conform to heteronormative body ideals that are characterized by femininity or masculinity. Consequently, Jade receives messages of anti-obesity at home, due to the value her family places on feminine body ideals (e.g., tallness/thinness), and at school due to outcomes in the curriculum.

III. Gendered Performativity in Physical Education (PE)

a. Self-Worth and Performativity

Engaging in physical activity is beneficial to students' feelings of self-worth by helping them feel "fit" and "proud" of their bodies, as evidenced by Megha and Christina.

I feel like after I do preferably physical education, after I do an activity I feel like I'm a fit person it reminds me that I'm not like - not to think of myself as fat because I know I'm not, I'm a fit person and to remind myself that I'm not overweight, which is what some people think and that's - that's not good cause you have to be positive about it, or like not bring up negative ways mostly about it, like to be proud of your body and if you're not then like think of the stuff that can actually help you, but like not unhealthy ways though. (Megha)

I think dance is just a really nice – it's a way that I can feel really proud about myself cause I've worked hard and it's something I'm really passionate about (Christina)

At the same time, Megha discusses her self-critical nature by detailing two stories related to her performance in physical activity.

There was this one year when there was this girl ahead of me in track in field and it was like a 400m race I think and so she was one step ahead of me and she won by like a few steps and it made me feel like I'm not good - I was telling myself you're not good at running you just failed, second is the first loser. That's what I was thinking. But then after I talked with my mom about it she told me that, like, she said, look at yourself, look at where you are right now, this is an amazing opportunity, and second, like that's really close to first. Not to think of it as the first loser but to think of it as - not first, but not necessarily a loser. Like mainly just the fact that I got the opportunity to do this and I actually did really well. But I thought like being second place isn't good at all.

A lot of people tell me that I'm too hard on myself and I actually agree. Like, in

soccer in my first shift, I sat out for the whole game because I like rolled my

ankle, I twisted my ankle, and I couldn't run with it so I had to spend most of the

game doing stretches and I was really mad at myself cause I was thinking to

myself, "you're a weakling" but then I realized, no I'm not a weakling, I'm

playing really tough soccer, this happens. (Megha)

Although no participants explicitly identified as having a physical disability, two

participants did mention adversities with physical injuries. To elaborate, Christina broke

her leg when she was two-years-old and mentioned that she was still facing repercussions

from it and Jade had broken her leg shortly before the time of the interview and was

wearing an air cast. Christina's injury could be classified as a disability that has been

unrecognized as such because it happened at such a young age and she has continued to

face repercussions because of it.

I'm not a very good runner so it makes me feel good when we do something in

gym that maybe is more of my strong side it makes me feel better (Christina)

I broke my leg when I was two and my parents think that it never fully healed

cause I still have problems with long distance walking or if I have to run a lot I

get really bad leg pains. (Christina)

In response to question four, "Do certain things make it harder for you to be healthy?"

Jade notes,

When I broke my leg it's kind of like not a lot of exercise … you don't exercise a

lot cause you just stay in more and you don't get that much fresh air. (Jade)

The participant's demonstrate how their participation in physical activity has a direct relationship to their self-worth and Megha's stories, in particular, reflect the ways she has absorbed individualistic personal responsibility of her health by being self-critical of her performance.

b. *Co-Educational PE Classes*

Participants mentioned gender discrimination in PE and the importance of co-educational classrooms. To elaborate, their responses suggested that when teams are segregated by gender, the boys typically assume they will win because they do not believe that the girls are as capable.

> Some people think that girls are kind of weak so yea. So sometimes the boys just want all the boys on their team and they think that they'll kind of win cause they think that the girls aren't actually really good at some sports so yea. (Jade)
>
> For gym boys were more chosen to be, like for soccer goalies, for hockey goalies, and if there were teams if people had to sit out they'd always make girls sit out first cause they wanted a game to have more action. (Keisha)

More specifically, Keisha mentions that her new school is much better in terms of mitigating gender discrimination in PE than her last school and discusses how teachers can help to restore equality by making helpful changes.

> A lot of girls at my old school hated gym. Here everybody loves gym, its great. Teachers will help us. If we're having trouble they'll tell us - if we fall or if were sitting out, or if another teammate makes us sit out then they'll change the rules. (Keisha)

Notably, Keisha comes from a K-12 school in an urban inner city neighbourhood with an assorted population of students that includes those from low-to-high socioeconomic statuses, different ethno-cultural backgrounds and those who identify as sexual minorities (i.e., non-heterosexual). From my experience, this level of difference at Keisha's school is rare in Edmonton and may contribute to her experiences of equity in PE. The gender discrimination that is mentioned by Jade and Keisha is representative of gendered body norms in which boys showcase masculinity or strength in order to assert their dominance and differentiate themselves from thin or frail girls. Intersectional feminism and critical body-equitable health approaches attempt to disrupt dominant gendered body norms by valuing different bodies and different ability levels.

IV. Harassment and Harassment-Free Zones

a. *Body-Based Harassment*

Participants expressed their experiences with bullying in the form of body-based harassment and how it may encourage attempts to alter one's physical appearance in order to attain a body that fits within a feminine ideal.

> Puberty does affect a lot of people cause as you get older people think it makes you look better and if it's not happening to them as quick they're like ugh why isn't this happening and they try to change their self image. (Sarah)
>
> I have a friend, she's extremely skinny and people have told her "you're too skinny" and that really affects her… I feel like kind of makes her feel like she has to change something in her diet but she's like one of the most healthy people I know. (Sarah)

A girl or a boy could be more muscular than another person so the person who doesn't feel as muscular or like if they're really skinny or something they'll feel like "oh why am I not like that." (Nicole)

In response to question 10, "How can schools do a better job of teaching girls to love and accept their bodies?" three different participants responded with anti-bullying suggestions.

Some people can bully others so like stop that. (Sophie)

Teach them to not get discouraged by other people's words and be who they are. (Ming)

I feel like a lot of schools could still work on how they are talking to girls and how they - just like watching if they are being sexist and being more mindful about what they are talking about if it may be sensitive towards a girl but not as much for a boy and just being more supportive to girls. At my old school I was always being bullied on how I look so I went to teachers and then they wouldn't do anything they'd just say "oh you're being a baby" but if someone was being bullied, like a boy was being bullied, then they'd be like oh we're going to bring that person to the principal and were gonna make them suspended, yea I just feel like being more conscious about what they're saying and making everybody equal. (Keisha)

Participants have stated that although schools may have rules and punishments in place for bullying, it continues to occur and current methods are not working.

It still happens, it's not stopping they need to do something else that will works cause its not working right now. (Sophie)

Sarah and Nicole highlight how the development of secondary sex characteristics and difficulties portraying feminine body ideals lead to different forms of body-based comparison and harassment while Sophie, Ming and Keisha reference occurrences of bullying/harmful comments. Keisha, in particular, discusses how current school policies fail to mitigate different forms of body-based harassment, which is a testament to how individual behavioural changes do not foster social transformation. To be specific, by enforcing rules and punishments on students, schools are placing the onus for social transformation on individual behavioural changes as opposed to adopting structural approaches that disrupt discourses on anti-obesity, racialization, gendering and dis/ability.

b. A "Girls Club": Spaces for Collective Action

Facilitating spaces for collective action is a key component for the development of social mobilization and critical health literacy skills (Chinn, 2011). Two participants I interviewed explicitly advocated for such a space to be created when responding to question 10, "How can schools do a better job of teaching girls to love and accept their bodies?"

> I remember in grade 4 we had a girls club and they were always reminding us about how to feel good about our bodies to know that we're beautiful people. A lot of stuff to remind ourselves not to be negative and to always think good about yourself. Yea, kind of reminders like that. (Megha)

> I feel like there are some girls in other schools, or our school, who feel that they're not proud of their self and this could probably be in grade six or any grade and I feel like a girls club would really help them bring up their self-esteem and

really remind those girls that they're not - I don't know what the word is - to not

think negative about it, to think good. (Megha)

Maybe like have a girls club that people can express their feelings to each other

and boys don't have to be included if they feel uncomfortable talking to boys

about it and like if they do feel uncomfortable then make sure the teachers are like

letting them talk to them if they don't feel 100% comfortable and yea… or like

just like thinking a club where they can express their feelings and have like drills

and like tips to make them love themselves… I think it is addressed in health but

if girls could like talk to girls that maybe are going through the same problems.

(Melissa)

Ultimately, Megha and Melissa suggest that the development of a "girls club" could help

foster space for girls to "express their feelings," discuss similar issues that they may be

encountering and learn tools to improve self-esteem. In such spaces, issues of sexism in

schools, as mentioned by Keisha, could be brought to greater attention. When spaces such

as this exist it becomes possible for students to go beyond nurturing self-esteem in

collective spaces to nurturing the desire to mobilize for transformation of schools and

socio-political systems.

Megha spoke of previously joining a girls club in grade four but mentioned that it

is no longer available at her school. This is problematic because many of the responses

from participants showcased abstract body-equitable understandings of health that

involve individualistic behavioural changes as opposed to structural changes that disrupt

dominant discourses. The misinterpreted simplistic and abstract ways in which students

understand body-equitable approaches necessitates spaces for collective action so that

girls can work together to nurture ways of connecting personal to political/broader understandings of how dominant discourses impact their lives.

Conclusion

This chapter outlined the four superior and eight subordinate themes that emerged from individual, semi-structured, basic qualitative interviews with nine participants from two different schools in Edmonton, Alberta. The four superior themes were reinforced by subordinate themes that were formulated using participant responses and iterative coding procedures (see the Introduction). The emergent themes convey findings related to the theories I discussed in the Introduction that pertain to gendering, body-based harassment and family narratives. The findings also relate to the discursive analysis I conducted of the Alberta Health and Physical Education (HPE) curriculum documents, which showcased the presence of combined approaches that promote both anti-obesity and critical body-equitable health approaches. More importantly, the findings suggest that participants ostensibly describe complex messages of health but, in actuality, rely on abstract and individualistic understandings. As a result, anti-obesity discourses hold greater value among participants in comparison to critical body-equitable health approaches. Participants demonstrate discursive confusion that is a product of combined approaches and, as I argue in the next chapter, the notion that individualistic behavioural changes can manifest into social transformation.

I discuss the findings from this chapter in greater detail in the next chapter in order to make meaning of participant responses in relation to intersectional feminism, the literature I discussed in the Introduction, findings from the discursive analysis I

conducted and dominant discourses of health. More specifically, in the chapter that

comes next I attend to research objectives of this study which identify the ways in which

curricular discourses are constructing girls' body image dis/satisfaction of themselves and

others as well as attempt to better understand how girls construct meanings in relation to

constructions of HPE curriculum and policy discourses.

.

Chapter IV: The Limits of Individual Behavioural Changes

In this chapter, I discuss each theme in greater detail and in relation to literature, theory, dominant discourses and Alberta Health and Physical Education (HPE) curriculum documents in order to make meaning from participant responses. I draw on intersectional feminism to reinforce why structural, as opposed to individual change, is necessary for improving body image satisfaction among girls with different lived experiences in grade six. I detail how participant responses align with mixed messaging (read: the combined approach of anti-obesity and body equity) (LaMarre, Rice and Jankowski, 2017), as located in curriculum documents, and the ways in which this has resulted in discursive confusion and disordered behaviours, such as binge eating, among participants. That said, discursive confusion is more than just a product of mixed messaging and, as I will argue, is also a result of believing individualized behavioural changes can foster social transformation.

Given the context of this research is body image dis/satisfaction among pre-adolescent students identifying as girls, my thesis necessitates intersectional feminist analyses of Butler's theorizations on gender performativity and subjectivity in conversation with Carla Rice's (2014) body becoming pedagogies. In particular, when enriched with intersectional feminism, Carla Rice's (2014) body-based harassment and body becoming pedagogies enables me to dissect participant accounts of bullying and bio-physical/socio-cultural influences of health in relation to "processes of differentiation (e.g., racialization and gendering" (Dhamoon, 2011, p. 233) and systems of power (e.g., capitalist state narratives). Further, I utilize Judith Butler's (1999) theories on gender performativity, gender intelligibility and subjecthood to make sense of gender-based

discrimination in PE and topics pertaining to puberty – despite the fact that it is antithetical to her theorizations. This is necessary because body becoming pedagogies and biophysical theorizing suggests physical development related to puberty, such as early onset menarche and the emergence of secondary sex characteristics, can trigger body dissatisfaction among girls (Thompson-Brenner, Shingleton & Richards, 2015).

Intersectional feminism teaches us that no study is complete without capturing the complexity of participant experiences considering the complexity of interlocking structures of oppression and matrices of domination within which social relations are embedded. As such, I elaborate on Patricia Hill Collins' (1998) conceptions of intersectionality, educational equity and the traditional family in relation to findings that highlight students' feminized duties, heteronormative familial values and desire for a "girls club" (Collins & Bilge, 2018). In fact, as I will later discuss, participants' suggestions for the development of a "girls club" demonstrate ways in which they can collectively mobilize for social change in their schools when it comes to issues of sexism and more. Lastly, I will explore themes that were compelling and previously unexplored in my theorizations and discursive analysis, such as the importance of peer support systems and involvement in extracurricular activities.

Mixed Messaging and a Combined Approach

A discursive analysis of the Alberta K-6 HPE curriculum documents evidenced outcomes that supported both complex, broad critical body-equitable health approaches and simplistic, individualistic anti-obesity messaging (see Chapter Two). Despite being labeled the top province in terms of addressing "body image in all its complexity"

(Robertson & Thomson, 2011, p. 341) in Canadian HPE curriculum documents, Alberta utilizes individualistic, choice-based language and perpetuates dominant discourses that encourage self-governing behavioural approaches, such as personal responsibility over health and self-monitoring behaviours (see Chapter Two). Even more, sub-sections within the PoS that are allocated for body image have far fewer outcomes relative to parallel sub-sections. Consequently, participants who took part in this study reflected many of the understandings and discursive confusion that comes with mixed, or combined approaches, such as those located within Alberta HPE curriculum documents.

My contention is that conflicting notions of body equity and anti-obesity exist in the curriculum and is not surprisingly also replicated/manifest in girls' perspectives on HPE and their experiences of body distress, disordered eating behaviours, weight bias and confusion. My analysis of the findings is that discursive confusion is also a product of the fact that there is such limited orientation in curriculum and in broader policies and practice to structural transformation of the conditions that make foods labeled 'junk' readily available in society and school contexts. As previously discussed in the Introduction, corporate food systems function to create inequitable access to foods deemed "healthy," (e.g., fruits and vegetables) by ensuring foods deemed "unhealthy" (e.g., junk) exist as a cheaper alternative. Furthermore, such discursive confusion is also a result of the expectation that individual or even school level policy changes that incite individual behavioural changes will amount to any kind of broader social change in the phenomenon of disordered eating and body image dis/satisfaction. This is exemplified in Chapter Two through findings from the discursive analysis that demonstrate how narratives of "social good" and terms such as "environment," "settings" or "community"

place the onus for social transformation on students and individual behavioural change by using terms that might be understood by students as collective action. Participants showcase this in their responses by referencing body-equitable approaches in abstract language, mentioning it in terms of other people, and resorting to anti-obesity approaches when discussing their own habits/behaviours.

On the surface of it, several participants showcased what seemed to be complex understandings of health by referencing mental, spiritual and emotional facets of health. To be specific, they discussed the importance of maintaining healthy and supportive relationships among family members and friends, having a positive mindset, being kind and smiling as all contributing to one's overall health. That said, as mentioned in the previous chapter, each of these examples places the onus on students to engage in individual behavioural changes, such as having a positive mindset and being kind, as opposed to disrupting dominant discourses or mobilizing for change of structures, such as institutional, socio-political and economic systems. Moreover, the students also tend to display more complex messages about health in general and abstract terms (e.g. bodies are diverse), but frequently resort to individualized and choice-based talk when it came to describing their own health and eating practices (e.g. when Megha eats a "healthy snack" she feels "happy" about her body as opposed to when she eats "junk" food and she feels like she is "overweight").

Considering this, it is unsurprising that the same participants who emphasized what seemed to be complex understandings of health also referenced simplistic understandings by responding that being healthy means eating "fruits and veggies," not eating "junk" and not "laying on your couch all day watching TV." This is an example of

how capitalist state narratives that encourage individualistic self-governing behaviours and personal responsibility over health work in tandem with corporate agriculture and food systems that control what types of foods are financially accessible ubiquitously (e.g. junk food) in comparison to more expensive foods (e.g. fruits and vegetables) and the ways in which students internalize such narratives into judgments of their person and bodies.

Participants exemplified simplistic orientations in their responses, such as "lifestyle determines your size" (Robertson & Thomson, p. 342) and "there are good and bad foods" (Robertson & Thomson, p. 342) as opposed to complex orientations, such as "genetics, environment and lifestyle affect size" (Robertson & Thomson, p. 342) and "foods meet many different needs" (Robertson & Thomson, p. 342). Participants have internalized the moralistic attributes associated with foods, as evidenced by their responses to question three, "Would you describe yourself as healthy? Why or why not?" and question eight, "How do you feel when you look at your body?" To elaborate, participants perceive themselves as "healthy" (read: good) when eating fruits and vegetables or engaging in exercise but describe themselves as "unhealthy" (read: bad) when consuming sugar or "junk food" and not engaging in exercise. Thus, the moralistic attributes participants are prescribing to foods are also prescribed to themselves when consuming such foods.

Additionally, participants revealed efforts to engage in self-surveillance and control over the self, as well as difficulties avoiding binge-eating behaviours, both of which relate to contested commitments to personal responsibility over health and body distress. Individualistic HPE outcomes from the Alberta PoS that encourage personal

responsibility include tracking fitness improvements over time (see Chapter Two) and may contribute to constant self-surveillance. For instance, participants struggled with attaching their self-worth to their level of success in athletic activities. Megha told stories of feeling like a "loser" and "weakling" because she did not come first in a track and field race and rolled her ankle during soccer, resulting in her having to sit out. This excerpt from Megha conveys the ways in which she has internalized narratives that tie her level of physical capability and productivity to the amount of "bodily capital" she attains (Dworkin & Wachs, 2009). Because Megha does not come first in the race and rolls her ankle, she experiences lower "bodily capital" (Dworkin & Wachs, 2009) and lower self-worth.

Scholars have argued that combined approaches, such as those found within the Alberta HPE curriculum documents, result in discursive confusion (LaMarre, Rice & Jankowski, 2017). As such, it is unsurprising that, in the previous chapter, participants evidenced knowledge gaps about topics related to food groups and sugar, but also conflicting notions of weight bias. Participants describe what, on the surface, seem to be complex understandings of health but, in actuality, encourage individualistic behavioural changes. Additionally, they define themselves as "good" or "bad" depending on the type of foods they eat and attach their self-worth to their "bodily capital" (Dworkin & Wachs, 2009). All in all, despite the fact that complex, body-equitable approaches exist within curriculum documents, the presence of simplistic, anti-obesity discourses that encourage the belief that individualistic behavioural changes alone can cause social transformation holds more value and fosters confusion and body distress.

Body-Based Harassment and Becoming Pedagogies

Rice (2014) utilizes body becoming theories to describe processes of becoming gendered for young girls. More specifically, Rice (2014) references how "body-based comparisons with sisters, cousins, and female friends" (p. 71) can have a significant impact on the "body consciousness" (p. 71) of young girls. Participants elaborate on how body-based comparisons can result in feelings of low self-esteem by discussing different developmental rates of puberty and body composition. Additionally, participants alluded to specific forms of body-based harassment through descriptions of "bullying." To be specific, one of the participants with the pseudonym Keisha, mentions her experiences being bullied based on appearances. Interestingly, Keisha was one of the four racialized students out of a total of nine who chose to participate. Although Keisha does not expand on whether or not the bullying she endured involved racial teasing or harassment, it cannot be overlooked that it may have been a contributing factor.

As aforementioned in Chapter One, the body is representative of self-control, class, and ability to engage in productive labour (Woolley, 2017). Within this context, "health demonstrates the individual's ability to balance the opposing forces of production and consumption" (Woolley, 2017, p. 206). Individuals may attempt to self-regulate through fitness or exercise regimes to avoid an imbalance between production of labour and consumption, which is characterized by bodies that are too thin or overly fat (Woolley, 2017). A participant by the pseudonym Ming explains how she self-regulates by engaging in physical activity to maintain a body that is not too thin or overly fat,

> I encourage myself to be more active so I can keep looking like what I look like and not turn into something else. (Ming)

With that being said, scholars have argued that "some bodies will never fit into the heavily bounded and surveilled middle ground between fatness and thinness: regardless of their engagement with "health behaviours"" (LaMarre, Rice & Jankowski, 2017, p. 6). Under the subordinate theme of body-based harassment, a participant in this study, by the pseudo name Sarah, discusses how this is an issue for one of her friends because she is labeled "too thin" by her peers, despite the fact that she is healthy. Consequently, Sarah's friend feels that she must alter her eating habits in order to conform to the ideal bodily norms predicated on class, capital, race and gender. Sarah's friend and peers hold a simplistic stance, which, according to Robertson and Thomson (2012), "focuses on how someone differs from the norm" (p. 342). Simplistic stances highlight why differences are to be remediated and corrected rather than adopting an understanding that bodies range in shape and size and that physical appearance is not always indicative of health (Robertson & Scheidler-Benns, 2016).

Constructions of Gender: Impacts on Physical Education and Body Image

Participants in this study emphasized both the importance of co-educational PE classrooms and the prevalence of gender-based discrimination in PE classrooms. In fact, participants suggested that when teams are formed utilizing the gender binary (i.e., boys versus girls), stereotypical assumptions about boys (read: strong/muscular) and girls (read: weak/thin) are heightened. Participants also discuss the ways in which gender-based discrimination can be mitigated by desegregating teams by gender, ensuring that positions are alternated and by continuously rotating players. In addition to participant experiences with gender-based discrimination in PE, the topic of physical development

arose. Butler's (1999) theories on gender performativity, gender intelligibility and subjecthood are useful to better understand feminine and masculine stereotypes that are perpetuated in PE classrooms and why puberty may be a trigger for the development of disordered eating behaviours among young girls. To elaborate, the boys who share a PE class with the girls in this study performatively produce expressions of their gender by exhibiting dominance and assumptions of greater strength relative to girls. In reference to Butler's theories, Bronwyn Davies (2006) suggests, in order to assert their boyhood, boys "may engage in signifying practices through which they abject the 'other', cast it out from the self. They may revile girls and 'sissy boys', for example, in attempts to signal: 'this is what I am not'" (p. 433). Participants attest to their experiences encountering this behavior from boys in their PE classes in their interview responses.

"Comments related to girls "early" or "late" breast development may contribute to the rise in girls' eating problems around puberty" (Larkin & Rice, 2005). In a study conducted by June Larkin and Carla Rice (2005), the rationale for body modification practices among young girls extended beyond the scope of shape and size to issues related to delayed or early onset breast development and stages of physical development. The fact that a participant in this study explicitly stated that girls are anxious to experience the womanly affects of puberty because it makes "you look better" reinforces the notion that puberty is a pivotal gender marker for young girls to express their femininity. Despite the fact that Butler's (1999) theories suggest biological sex is socially mediated, performed and produced, the theory of gender intelligibility is enacted through young girls' efforts to maintain coherency among their secondary sex characteristics, sexuality and gender expression.

Butler's (1999) theories on gender performativity, gender intelligibility and subjecthood prove useful in relation to what participants shared during interviews and when paired with concepts by Rice (2014) and enriched with intersectional feminism. Under such conditions, Butler's (1999) theories are able to provide meaning to gender-based discrimination in PE, as it relates to issues of boyhood, and the delayed/early onset of puberty, as it influences gender expression.

The Traditional Family and Educational Equity

Collins' (1998) work not only derives from intersectional Black feminist thought, but it recognizes how the familial structure is representative of hierarchical systems of power, which seek to maintain norms about gender, age, race and sexuality, to name a few; and the ways in which schools act as a system of power by producing "banking education" (Collins and Bilge, 2018, p. 161) models of learning. Because participants share examples of familial influences on eating habits, physical activity levels, sexuality and spaces for collective action, I will use Collins' theorizations to contextualize and make meaning of their responses.

Participants in this study note how their parents possess control over the foods that go into their lunch boxes. To be specific, parents attempt to restrict sugar intake by intentionally not packing "sweets" in participant lunches. In reference to Collins' theorizations, the family is (re)producing dominant discourses (i.e., master narratives) of anti-obesity and exhibiting parental authority. Despite the fact that participant families perpetuate master narratives of health and naturalize familial hierarchies, they exhibit discursive confusion much like participants themselves. To elaborate, participants state

that sugar and "sweets" are unwelcome by their parents and in their lunches while

conversely sharing that it can be hard for them to be healthy when their families take

them out for sugary foods like "ice cream." In these situations, parents may think they are

teaching moderation to their children but in actuality they are doing the opposite by

reinforcing the notion that foods like ice cream are a "bad" treat they should only eat on

occasion. Consequently, participants feel guilty for eating a "bad" food they do not

typically get to eat.

In terms of physical activity, going for "family runs" and walking younger

siblings to the park, which could be perceived as a method of naturalizing familial

hierarchies and gender roles, arose in responses as well (Collins, 1998). Collins (1998)

argues that the family is structured around "a state-sanctioned, heterosexual marriage that

confers legitimacy" (p. 63) and serves as an example of socio-political organization.

According to Collins (1998), the ideal, monolithic family consists of heterosexual

couples with "a father-head earning an adequate family wage, a stay-at-home wife, and

children" (p. 62). Collins (1998) claim that "actual families remain deeply implicated in

reproducing heterosexism" (p. 64) is supported by a direct response from a participant in

this study. To be specific, a participant, who is referred to by the pseudonym Jade,

mentions that she feels "proud" of her body because she is "tall" and her mother

explained to her that it would be "easier to find a boyfriend." In other words, Jade's

mother encourages heteronormative feminine body ideals that value her size and shape as

a means to securing a heterosexual relationship. Jade's mother upholds the monolithic

and state-sanctioned "family values" and its associated link to nurturing reproductive

labour (Collins, 1998, p. 62) that naturalize hierarchical systems of power within a patriarchal capitalist system and its dominant gendered discourses.

As aforementioned in Chapter One, Collins and Bilge (2018) address educational equity by discussing Paulo Freire's notion of "banking education" (p. 161) and critically-conscious pedagogy. Additionally, Collins' theorizations on intersectionality can be related to social determinants of health (SDOH), which advocate on behalf of improving the critical health literacy of students and involving them in "social and political action" (Nutbeam, 2000, p. 265). To elaborate, because critically-conscious pedagogy invites students to question ready-made knowledge by employing their own historical and socio-cultural lens and the SDOH incorporates an analysis of the social, environmental and individual behaviours and complexities of students, I argue that the two must be considered together when analyzing participant responses. Thus, when participants in this study were asked, "How can schools do a better job of teaching girls to love and accept their bodies?" and suggested the formation of a "girls club," I was immediately reminded of collective action and critically-conscious pedagogy. This is because, participants described collective spaces in which they could discuss their ideas, share their multiple lived realities with one another and learn approaches to help improve their self-esteem and body image satisfaction. Even more than simply nurturing self-esteem, a "girls club" might allow for students to mobilize for change, bring attention to the sexism that they experience and demand change, for instance, instead of simply relying on the school to do better.

Proponents of critical health literacy argue that the skills needed to "critically analyse information" (Nutbeam, 2000, p. 264) can be improved by mobilizing in social

groups and vice versa. In this case, participants referred to the development of a "girls club" as a social group in which to mobilize, otherwise noted as a space for critical consciousness and collective action. Whether or not this hypothetical space is labelled a "girls club" or not, it carries important value for young girls and currently exists outside the realm of curriculum and classroom time.

Collins' (1998) theorizations on the traditional family, which seeks to naturalize hierarchical systems of power and dominant socio-cultural norms, and educational equity, in relation to SDOH, are helpful forms of analysis in this study. This is because Collins' (1998) theories establish meaning behind the discursive confusion participants are experiencing, which is primarily a result of mixed messaging that is received both at school and in the home. Likewise, Collins' (1998) theories explain why participants evidence heteronormative and feminine ideals due to state narratives that project traditional family ideals. Participants describe how their families conform to traditional family ideals by showcasing their feminized caretaking roles and the ways in which their families encourage heterosexual relationships. When paired with the work of critical health literacy scholars and SDOH, Collins' (1998) work helps make sense of why participants advocate for the formation of a "girls club." Ultimately, these analyses offer possible responses in relation to improving body image satisfaction among young girls.

Compelling Themes Yet to Be Explored

The subordinate theme, *Peer Support Systems and Sport*, emerged as a result of participant responses that highlighted the importance of friendships as a system of support and extra-curricular activities as a way in which to develop such friendships. To

be specific, participants by the pseudo names, Keisha, Nicole, Christina and Sophie all alluded to an extracurricular activity, such as softball, dance, BMXing or taekwondo, that they participate in and deem valuable for improving their self-esteem and/or helping them to garner friendships. Research stresses, "early adolescence is a time when a transition away from sport and physical activity participation is at its highest level among female youth" (Yungblut, Schinke, McGannon, 2012, p. 39). Scholars have attributed the transition away from sport and physical activity to five interrelated factors, "(a) friends or don't know anyone; (b) good or not good enough; (c) fun or not fun; (d) good feeling or gross; and (e) peer support or peer pressure" (Yungblut et al., 2012, p. 43). Social influences, such as the ability to form friendships and receive peer support, as opposed to body-based teasing or harassment, has an impact on how participants feel about themselves and their body image, as evidenced by their responses. For instance, Keisha discusses how her friends reassure her when she is feeling insecure about her body or performance when she is playing softball and give her helpful tips. On the other hand, Keisha mentions that when she gets into arguments with her friends it can have a negative impact on her desire to eat or participate in sports. In future studies, it would be useful to analyze the interplay of extracurricular sports on young girls body image satisfaction, self-worth and sense of social belonging.

Conclusion

This chapter was developed using findings that were gathered through individual semi-structured interviews with nine girls in grade six from two different schools within the Edmonton Public School District. The findings aligned with the literature, theory and

discursive analysis of the Alberta HPE curriculum documents previously discussed in chapters. That said, compelling themes related to the relationship among extracurricular physical activity, social belonging and body image satisfaction that had yet to be explored were also found, signaling a need for further research. The four superior and eight subordinate themes that were outlined in the previous chapter (see Chapter Three) were expanded upon in this chapter using an intersectional feminist framework and by drawing on the work of Carla Rice, Judith Butler, Patricia Hill Collins and notable scholars who attend to critical body-equitable health approaches.

An analysis of the findings stresses that combined approaches, such as that located within the Alberta HPE curriculum documents, produces discursive confusion among students; body-based harassment, including racial teasing and the remediation of aberrant bodies, results in greater body distress; gender performativity in the realm of PE and gender intelligibility during puberty can reinforce ideals of femininity and masculinity; the traditional family naturalizes socio-political norms, such as those related to gender, sexuality, race and age, to name a few; and educational institutions uphold "banking education" models of learning as opposed to fostering critical conscious pedagogy and social action. These insights offer possible responses moving forward that may help to improve body image satisfaction among grade six girls in Edmonton, Alberta.

As a starting point, changes must be made to HPE curriculum documents in order to reduce discursive confusion among students. For this to happen, individualistic, simplistic anti-obesity messaging needs to be removed and replaced with complex critical body-equitable health messaging, as exemplified in Chapter Two. For instance, outcomes

such as "analyze personal eating behavior – food and fluids – in a variety of settings" (Alberta Education, 2002, p. 7) can be replaced with, "describe which types of food different people have access to depending on their geographic location and income."

Lorayne Robertson (2014) also outlines the ways in which the traditional curriculum can be shifted to a "a body-equitable curriculum" (p. 3) in a piece written for the National Eating Disorder Information Centre (NEDIC) Bulletin, titled, *Body Equity – a concept long overdue*. Not only will this shift in outcomes address discursive confusion, but when students begin to understand that they are not "good" or "bad" because of eating specific foods and health is not solely determined by shape and size but "that two persons can undertake the same food and fitness regimen and will not be the same size" (Robertson & Thomson, 2011, p. 341), it is likely that experiences of body distress and the shaming of aberrant bodies will decrease.

Rice (2014) has advocated for school policies on body-based harassment however I argue that such policies must align with curricular outcomes and wider discussions on racialization, disability and gendering. Further, I suggest that spaces for collective action should be mandated in provincial documents and school policies to encourage the sharing of self-esteem tools, multiple lived experiences, and ideas to mobilize for social action among students who identify as girls. Within such spaces, dominant discourses about health, gender, sexuality, race, dis/ability and class that are pervasive in school systems and rely on monolithic conceptions of the student can be addressed and connected to the need for broader structural change. For instance, students can mobilize toward school transformation in relation to the sexism they experience and develop collective courage to speak out against injustices. This type of consciousness raising can be facilitated through

"girls clubs," as participants in this study suggest, and have the potential to expand further into mentorship programs.

The responses that I have suggested are merely a starting point in terms of improving body image satisfaction among grade six girls, decreasing discursive confusion and advancing future HPE practices in Alberta school systems. Despite the fact that scholars have classified Alberta as an "innovator" province and a leader in the realm of HPE (Olstad et al., 2015), this study demonstrates just how much remains to be done.

Conclusion: Practical Outputs and Steps Towards Social Transformation

I began this study because I am someone who felt the harmful weight of being inundated with anti-obesity discourses her whole life, both within and outside of educational institutions that I attended for the past 20 years. I have personally struggled with body image dissatisfaction and, although I did not begin engaging in disordered eating behaviours until I was in my late teens (e.g., 18-19-years-old), it is common for girls to experience disordered eating behaviours during the developmental phase of puberty (Larkin & Rice, 2005). In order to change my shape and size, I partook in individualistic self-monitoring tools, such as constantly tracking my weight and calories in versus out, and would abuse exercise as a way in which to burn excess calories and weight. As an able-bodied woman of colour from a middle class family, it was not entirely difficult for me to access treatment to restore my weight. However, my skin colour did result in greater body distress growing up in primarily white communities and schools and prevented me from self-identifying as someone with an eating disorder. Thus, I was simultaneously subject to anti-obesity discourse (as a generic teen, student and would-be-citizen) and entirely neglected in representations of the problems generated by this discourse in the depiction of eating disorders as a white, middle class problem. My pursuits in higher education have contributed to enhancing my understanding of the complexity of body image and encouraged me to conduct research to better understand how grade six girls with complex lived experiences and positionalities construct their body image dis/satisfaction.

In this study I set out with the purpose to explore how Canadian health and physical education (HPE) curriculum documents construct body image dis/satisfaction

and disordered eating behaviours among students who self-identify as girls, particularly

for those located in the province of Alberta, where body image is thoroughly integrated

into the curriculum (Robertson & Thomson, 2012). The findings from this study

necessitate changes to HPE curriculum outcomes, the formation of body-based

harassment policies that promote conversations about "processes of differentiation (e.g.,

racialization and gendering)" (Dhamoon, 2011, p. 233) and the implementation of spaces

for collective action in which students who identify as girls can mobilize for social

transformation. I aim to share my research with socio-political and educational

institutions and use it as an impetus to foster change and social transformation so that

young girls in Canadian educational systems can have a better chance of developing body

image satisfaction than I did growing up.

An Impetus for Change

An intersectional feminist theoretical framework was particularly suited to this

research study to dynamically capture the complexity of participants' lived experiences

of body image and their relation to the processes and systems of domination (Dhamoon,

2011). I have utilized an interdisciplinary approach that captures the theorizations of

feminist scholars Judith Butler, Carla Rice and Patricia Hill Collins to highlight the ways

in which their work is/can be enriched with intersectional feminism. For instance,

although Butler's (1999) theories on gender and subjecthood prove useful, they can be

enriched with structural approaches that take the onus off of individual students and bio-

physical analyses that acknowledge secondary sex characteristics and the developmental

phase of puberty in impacting body image dis/satisfaction among young girls. Rice

(2014) employs body becoming theories and body becoming pedagogies, which highlight biological factors in combination with psychological and socio-cultural influences, and acknowledges the significance of secondary sex characteristics and puberty. Rice (2014) offers a fluid approach to how bodies come to be than can be enriched with analyses of how bodies are shaped through systems of power and oppression. This notion is supported by scholars who concur "body becoming pedagogies might be enacted together with intersectional approaches whenever we work toward fostering a critical space where different kinds of knowledge are valued and different voices are registered" (LaMarre, Rice, & Jankowski, 2017, p. 11). I have argued that an interdisciplinary approach that is underpinned with intersectional feminism and incorporates theories related to gender, body becoming pedagogies and systems of power are needed to analyze the construction of body image among young girls in Canadian school systems.

I primarily discuss the findings from this study in Chapters Two, Three and Four. More specifically, in Chapter Two I highlight the key discursive findings from the Alberta HPE policies and curriculum documents, in Chapter Three I convey the findings and emergent themes that I developed from interview responses and in Chapter Four I discuss all of the findings in relation to interdisciplinary theories/literature that I enrich with intersectional feminist structural approaches. In particular, an intersectional approach to sampling helped to ensure a number of different students with different lived experiences were included in this study. In fact, the girls who participated in this study face different micro and macro forms of oppression and experience different simultaneous forms of oppression and privilege. By way of example, one participant who could be identified as a person of colour shared her experiences of bullying and body-

based harassment, demonstrating the ways in which being racialized may impact her body-related experiences. Others highlighted the ways their families uphold heteronormative gender roles and body ideals, which is a function of nation state norms that uphold heterosexual marriages and traditional "family values" as they construct reproductive labour (Collins, 1998, p. 62). That said, some of the participants who shared these experiences also had the financial means to participate in extra-curricular physical activities that helped to foster friendships and improve their body image satisfaction and self-esteem. This goes to show how participant experiences are structured by "processes of differentiation (e.g., racialization and gendering)" (Dhamoon, 2011, p. 233) and systems of power (e.g., the capitalist state) and how some of them may simultaneously be privileged and oppressed because of said structures.

As I suggest in this study, intersectionality can locate systemic drivers of body image dis/satisfaction by analyzing socio-political forces, capitalist state narratives and state-sanctioned "family values" (Collins, 1998, p. 62) that (re)produce norms related to anti-obesity, racialization, gendering and dis/ability. Findings from this study are congruent with scholars who purport current policies and curricular outcomes in schools that focus on combined approaches can result in discursive confusion among students and dissonance induction approaches (e.g., media literacy) are short-term, Band-Aid solutions to broader issues. I argue that discursive confusion is indeed a product of combined approaches however it is also a product of capitalist state narratives that support the notion that self-governance and individual behavioural changes alone can produce social transformation. The role of capital has been implicated in this study through both individualistic health messaging that encourages personal responsibility and the

remediation of aberrant bodies who do not signify self-control, high socio-economic states or the ability to engage in productive labour (Woolley, 2017). The findings from this study also problematize socio-political processes in which norms are perpetuated through the state-sanctioned family and educational institutions. For instance, participants describe heteronormative gender roles in their families, which are a function of norms produced by heterosexual state-sanctioned marriages and traditional "family values" (Collins, 1998, p. 62) that naturalize hierarchical forms of power. Likewise, educational institutions uphold state narratives that promote individualistic behavioural changes and personal responsibility over health, as I discuss further in the next section that attends to the objectives of this study.

In the Introduction, I outlined three objectives of this study. I achieved the first objective by conducting a discursive analysis of the Alberta HPE policy and curriculum documents, which evidenced the presence of capitalist state narratives, confusing health messaging and Foucauldian notions of self-governance. For one thing, I found that HPE policy and curricular outcomes are engrossed with individualistic forms of messaging that teach self-governing practices and personal responsibility over health, which is problematic because it is congruent with capitalist state narratives that imagines students as human capital above all else and places the onus for social transformation entirely on individuals and behavioural changes. Although complex messaging that aligns with critical body-equitable health approaches was also found within curriculum documents, literature and findings from this study indicate it fosters confusion and body distress when paired with conflicting messaging that encourages hyper-vigilance over non-normative bodies. Additionally, findings from interviews showcase that participants

understandings of body-equity is vague, abstract and discussed in such a way that promotes individualistic behavioural changes. Further, when asked about their own habits, the participants reverted to anti-obesity approaches that emphasized self-monitoring behaviours. All in all, the responses from girls in this study suggest individualistic anti-obesity messaging holds more dominance and outweighs any understandings of complex body-equitable messaging that they may have.

The second objective was analyzed using findings from individual interviews with participants, which stressed discursive confusion, self-surveillance and body distress among students. Due to anti-obesity discourses participants categorized food using a binary of "good" and "bad," often referencing "sugar" or "junkfood" as bad and "fruits" or "vegetables" as good. As discussed in the last chapter, this is problematic because of the inequitable access to foods deemed "good," which is a function of corporate agriculture and capitalist food industries to ensure those with the most economic privilege are also those with the most "bodily capital" (Dworkin & Wachs, 2009). Consequently, depending on what foods participants typically consumed, they associated themselves as good/healthy or bad/unhealthy. In other words, a girl who comes from a family facing financial hardship may only have access to foods high in sugar and may think of herself as unhealthy and "bad" because of anti-obesity discourses, capitalist state narratives and socio-economic barriers put in place by food industries. Additionally, one of the participants was unsure about whether or not to classify sugar as a food group and others evidenced conflicting notions of weight stigma and body equity. Self-responsibility over health was evident through efforts of controlling size and shape through exercise and not over-eating. To be specific, the girls in this study experienced low self-worth coupled

with body image dissatisfaction when they were unable to participate in physical activities or refrain from eating "bad" foods.

In terms of the third objective, findings from this study suggest grade six girls with complex lived experiences have internalized dominant discourses of anti-obesity that outweigh any understandings they may have developed about body equity. All in all, participants struggled with attaching their self-worth to their individual performance in sport or physical activity, body-based harassment/comparison and engaging in harmful behaviours (e.g., binge eating and self-surveillance of weight). In other words, participants conveyed body dissatisfaction and distress when they did not succeed in sports or physical activity, injured themselves, ate "junk food" or foods high in sugar and did not convey heteronormative feminine body ideals. Beyond the three objectives, additional findings suggested that peer support systems could help to mediate low self-esteem and body image dissatisfaction among girls, especially when friendships are formed in extra-curricular physical activity settings. Conversely, they also suggest that disruptions to interpersonal relationships can have adverse affects on body image satisfaction.

The findings of this study suggest that interventions at the individual level are inadequate if not confusing and harmful. In an attempt to mitigate such issues, I propose possible responses moving forward in policy and in practice that derive from intersectional feminist approaches and participant responses. For one thing, anti-obesity curricular outcomes need to be replaced with critical body-equitable health outcomes, as exemplified in Chapter Two. Secondly, I advocate for the establishment of body-based harassment school policies, on the condition that they are complemented with discussions

on racialization, gendering and dis/ability so that they are more focused on structural change as opposed to individualistic behavioural change. Finally, as suggested by the girls in this study, I propose that schools are mandated to encourage students to build spaces for collective action, such as girls clubs and mentorship programs, so that students who identify as girls can mobilize for social/structural change and such efforts are viewed as a normal part of public school life. These responses, in combination with student involvement in extra-curricular physical activities that help to foster supportive friendships, can create pivotal shifts in the ways grade six girls who carry a multiplicity of embodied socio-historical experiences construct their body image dis/satisfaction. I would like to stress, once again, that the responses I have proposed are starting points to inform future practices in schools in Alberta and beyond.

Implications for Future Research

This study focused on how grade six girls construct their body image in relation to the current health discourses pervading Alberta HPE curriculum documents. I applied an intersectional approach to interdisciplinary feminist scholars and analyzed how socio-cultural, bio-physical and psychological factors operate within systems of power. By doing so, I was able to analyze health discourses, capitalist state narratives, racialization, gendering, dis/ability and familial values. That said, there are many avenues that have yet to be explored. The themes that were discussed thoroughly in Chapter Three and five are a testament to this. To be specific, the subordinate theme, *Peer Support Systems and Sport*, necessitates future research on the interplay among pre-adolescent girls body image dis/satisfaction, extra-curricular physical activities and peer support systems. This

is because four of the nine girls who participated in the study mentioned the beneficial significance of forming friendships in extra-curricular physical activities on their self-esteem.

In the Introduction I briefly discuss the delimitations and limitations of this study, noting that I was unable to include sexuality as a category of analysis due to ethics restrictions. This is notable when considering that more than half of "female sexual minority students" (Rice, 2014, p. 215) report experiences of harassment due to "their perceived gender or sexual orientation" (Rice, 2014, p. 215). Thanks to June Larkin and Carla Rice (2005), we know that different forms of body-based harassment can lead to body image dissatisfaction among girls. In addition, research has evidenced that transgender and gender-nonconforming students experience greater rates of body dissatisfaction than those who identify as cis-gender (Sequeira et al., 2017). Therefore, it is crucial for subsequent research studies to expand on the findings from this study to carefully analyze categories of sexuality and gender identity in relation to body image dis/satisfaction.

Another aspect that would be useful to consider in future research is pedagogy. One of the participants in this study described how a teacher of hers would organize teams in physical education according to gender (i.e., boys versus girls) and the negative impacts related to gender discrimination she experienced because of it. I did not analyze pedagogy in this study in order to delimit and narrow the scope of it but, as evidenced by participants' experiences in this study, it can have a profound impact on the ways in which HPE curriculum is taught. I now see this as a weakness of this study and, as a result, look forward to taking this research further to better understand HPE pedagogy

and the ways in which teachers take up health discourses in their classrooms. Additionally, in order to capture students' complex lived experiences, I will continue to strive for future research to be conducted in a large number of classrooms in different socio-economic and racially distinct schools. I argue this is important in order to avoid racial and/or class homogenous groups of participants.

Conclusion

Given Alberta's unique curricular makeup, which purportedly minimizes obesity prevention discourses and highlights topics that embrace body equity (Robertson & Thomson, 2012), in my thesis, I asked the question: *how are grade six girls constructing their body image dis/satisfaction?* I conclude that, upon further analysis, unfortunately and somewhat unsurprisingly, obesity prevention is better understood and holds greater value among students in comparison to body equity. Further, individualistic behavioural changes as opposed to structural changes that disrupt dominant discourses on anti-obesity, racialization, gendering and dis/ability continue to be reinforced and perpetuated in curriculum documents and among students, highlighting the fact that there is much more work to do in order for Alberta to truly be considered a leader in the realm of HPE and in order for true social transformation to occur.

Individual students and their families bear the brunt of individualized anti-obesity approaches. Canadian statistics from 2017 and 2018 indicate that single parents who identify as female with children younger than 18-years-old experience the most severe levels of food insecurity in comparison to families with two parents and single lone male parents (Statistics Canada, 2020). The researchers who provided these statistics did not

analyze the implications of race, gender or dis/ability in relation to food insecurity but in this study I have showcased how such categories of difference play a significant role in constructing bodies that are deemed "healthy." Intersectional feminism teaches us that the complexity of girls' lived experiences and the ways in which their experiences are shaped by systems of power/oppression impacts their "bodily capital" (Dworkin & Wachs, 2009, p. 14), accessibility to "healthy" food, exposure to different forms of body-based harassment and their body image dis/satisfaction. Socio-political institutions, beginning with school systems and policies, need to do better by adopting structural approaches because the evidence of discursive confusion and unequal valuing of anti-obesity approaches, in individual practice, over critical body-equitable health approaches, valued in the abstract, makes it more than apparent that there is little being done to help students develop body image satisfaction. There is another way to address this problem and it is through valuing collective action and social rather than individual transformation.

Bibliography

Alberta Education. (2000). *Physical Education*. Retrieved from

    https://education.alberta.ca/media/160191/phys2000.pdf

Alberta Education. (2002). *Health and Life Skills Kindergarten to Grade 9*. Retrieved

    from https://education.alberta.ca/media/160196/health.pdf

Alonso, G. Anderson, N., Su, C., Theoharis, J. (2009). *Our schools suck: Students talk*

    back to a segregated nation on the failures of urban education. New York: New

    York University Press.

American Psychiatric Association. (2013). Feeding and eating disorders. In B. T. Walsh

    (5th ed.), *Diagnostic and statistical manual of mental disorders* (pp. 329-

    354). https://doi.org/10.1176/appi.books.9780890425596.dsm10

Apelmo, E. (2019). 'You do it in your own particular way.' Physical education, gender

    and (dis)ability, *Sport, Education and Society, 24*:7, 702-713, doi:

    10.1080/13573322.2018.1452198

APPLE Schools. (n.d.). About APPLE Schools. Retrieved December 08, 2017, from

    http://www.appleschools.ca/about

Arribas-Ayllon, M. & Walkerdine, V. (2017). Foucauldian discourse analysis. In C.

    Willig & W. Rogers (Eds.), *The SAGE Handbook of qualitative research in*

    psychology (pp. 110-123). 55 City Road, London: SAGE Publications Ltd. doi:

    10.4135/9781526405555.n7

Auerbach, C. F, & Silverstein, L. B. (2003). *Qualitative data: An introduction to coding*

    and analysis. New York: New York University Press.

Bombay, A., Matheson, K., Anisman, H. (2009). Intergenerational trauma: Convergence of multiple processes among First Nations peoples in Canada. *Journal of Aboriginal Health, 5*, 6-47.

Centers for Disease Control and Prevention. (2014). Body Mass Index (BMI) measurement in schools. Retrieved from http://www.cdc.gov/healthyyouth/obesity/BMI/BMI_measurement_schools.htm

Clark, V. L. P. & Cresswell, J. (2014). Understanding research: A consumer's guide, enhanced Pearson eText with loose-leaf version -- Access card package, 2/E. Saddle River, N J: Pearson Higher Education. ISBN-10: 0133831620 • ISBN-13: 9780133831627

Collins, P. H. (1998). It's all in the family: Intersections of gender, race, and nation." *Hypatia 13*(3):62–82.

Collins, P.H. (2000). *Black feminist thought: Knowledge, consciousness, and the politics of empowerment* (2nd ed.). Boston: Unwin Hyman.

Collins, P. H., & Bilge, S. (2018). *Intersectionality*. Cambridge, United Kingdom: Polity Press.

Crenshaw, Kimberlé Williams (1989). Demarginalizing the intersection of race and sex: A Black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics. University of Chicago Legal Forum 140, 139–167.

Cruikshank B. (1996). Revolutions within: Self-government and self-esteem. In Barry, A., Osborne, T., & Rose, N. S. (Eds.), *Foucault and political reason: liberalism, neo-liberalism and rationalities of government* (pp. 231-252). London: UCL Press.

Dhamoon, R. (2011). Considerations on mainstreaming intersectionality." *Political Research Quarterly* 64:1, 230–243.

Dhillon, M., & Deepak, S. (2017). A body-image based media literacy intervention for Indian adolescent females. *Journal Of Indian Association For Child & Adolescent Mental Health*, *13*(1), 48-73.

Diemer, E. W., Grant, J. D., Munn-Chernoff, M. A., Patterson, D. A., & Duncan, A. E. (2015). Gender Identity, sexual orientation, and eating-related pathology in a national sample of college students. *Journal of Adolescent Health, 57*(2), 144-149. doi:10.1016/j.jadohealth.2015.03.003

Egan, S. K., & Perry, D. G. (2001). Gender identity: A multidimensional analysis with implications for psychosocial adjustment. *Developmental Psychology, 37*(4), 451–463. https://doi-org.login.ezproxy.library.ualberta.ca/10.1037/0012-1649.37.4.451

Erevelles, N. (2000). Educating unruly bodies: Critical pedagogy, disability studies, and the politics of schooling. *Educational Theory,* 50: 25-47. doi:10.1111/j.1741-5446.2000.00025.x

Feldman, M. B. and Meyer, I. H. (2007), Eating disorders in diverse lesbian, gay, and bisexual populations. *International Journal of Eating Disorders*, 40: 218–226.

Fitzgerald, H. (2005). Still feeling like a spare piece of luggage? Embodied experiences of (dis)ability in physical education and school sport. *Physical Education and Sport Pedagogy*, 10:1, 41-59, DOI: 10.1080/1740898042000334908

Flintoff, A., & Fitzgerald, H. (2012). Theorizing difference and (in)equality in physical

 education, youth sport and health. In Flintoff, A., Fitzgerald, H., & Dowling, F.

 (Eds.), *Equity and Difference in Physical Education, Youth Sport and Health : A*

 Narrative Approach. New York: Routledge. Retrieved from

 http://login.ezproxy.library.ualberta.ca/login?url=http://search.ebscohost.com/logi

 n.aspx?direct=true&db=nlebk&AN=463345&site=ehost-live&scope=site

Fung, C., Kuhle, S., Lu, C., Purcell, M., Schwartz, M., Storey, K., & Veugelers, P. J.

 (2012). From "best practice" to "next practice": The effectiveness of school-based

 health promotion in improving healthy eating and physical activity and preventing

 childhood obesity. *International Journal Of Behavioral Nutrition And Physical*

 Activity, *9*(27), 1-9.

Grippo, K.P. and Hill, M.S. (2008). Self-objectification, habitual body monitoring, and

 body dissatisfaction in older European American women: Exploring age and

 feminism as moderators. *Body Image, 5*(2), 173-82.

Grogan, S. (2016). *Body image: Understanding body dissatisfaction in men, women and*

 children (3rd ed). New York: Routledge.

Harvey, D. (2000). *Spaces of hope.* Berkeley: University of California Press.

Hutchinson, M., & Calland, C. (2011). *Body image in the primary school*. New York,

 NY: Routledge

Irving, L. M. (2000). Promoting size acceptance in elementary school children: The

 EDAP puppet program. Eating Disorders, 8(3), 221.

Iyer, D. S.,&Haslam, N. (2003). Body image and eating disturbance among South Asian-

American women: The role of racial teasing. *International Journal of Eating Disorders, 34*, 142–147.

Jeffress, M. S. (Ed.). (2017). *Pedagogy, disability and communication: Applying disability studies in the classroom*. Retrieved from https://ebookcentral.proquest.com

Joint Consortium for School Health. (2017). Comprehensive school health framework. Retrieved December 06, 2017, from http://www.jcsh-cces.ca/index.php/about/comprehensive-school-health

Kilborn, M. (2012). Kindergarten to grade 12 wellness education in Alberta: Health and physical education curriculum. *Physical & Health Education Journal*, *78*(1), 6-11.

Kilborn, M., Lorusso, J., & Francis, N. (2016). An analysis of Canadian physical education curricula. *European Physical Education Review*, *22*(1), 23-46. doi:10.1177/1356336X15586909

LaMarre, A., Rice, C., & Jankowski, G. (2017). Eating disorder prevention as biopedagogy. *Fat Studies*, 1-14. doi:10.1080/21604851.2017.1286906

Larkin, J., & Rice, C. (2005). Beyond "healthy eating" and "healthy weights": Harassment and the health curriculum in middle schools. *Body Image, 2*, 219–232.

Leech, G. (2012). The logic of capital. In *Capitalism: A Structural Genocide* (pp.21-41)

Lorde, A. (1984). The master's tools will never dismantle the master's house. *Sister Outsider*. Trumansburg, NY: Crossing Press. pp.110-113.

Lunenberg, M. and Korthagen, F. 2005. Breaking the didactic circle: A study on some

    aspects of the promotion of student-directed learning by teachers and teacher

    educators. *European Journal of Teacher Education*, 28(1): 1–22.

Mauthner, N.S., & Doucet, A. (2003). Reflexive accounts and accounts of reflexivity in

    qualitative data analysis. *Sociology*, 37 (3), 413-31.

Merriam, S. B., & Tisdell, E. J. (2016). *Qualitative research: A guide to design and*

    implementation (4th ed.). San Francisco, CA: Jossey-Bass. Retrieved from

    https://search-ebscohost-

    com.login.ezproxy.library.ualberta.ca/login.aspx?direct=true&db=nlebk&AN=10

    22562&site=ehost-live&scope=site

Mogford, E., Gould, L., & Devoght, A. (2010). Teaching critical health literacy as a

    means to action on the social determinants of health. *Health promotion*

    international, 26(1), 4–13. doi: http://dx.doi.org/10.1093/heapro/daq049

Muehlenkamp, J.J. and Saris–Baglama, R.N. (2002), Self–objectification and its

    psychological outcomes for college women. *Psychology of Women Quarterly,* 26:

    371-379. doi:10.1111/1471-6402.t01-1-00076

NEDIC. (2014). Canadian beliefs about eating disorders: Ipsos Reid research findings.

    Retrieved from https://nedic.ca/download-file/1540817048.921976-46/.

Nutter, S., Russell-Mayhew, S., Arthur, N., & Ellard, J. H. (2018). Weight bias

    as a social justice issue: A call for dialogue. *Canadian*

    Psychology. Advance Online Publication. doi:10.1037/cap0000125

Nutbeam, D. (2000). Health literacy as a public health goal: A challenge for

contemporary health education and communication strategies into the 21st century. *HEALTH PROMOTION INTERNATIONAL*, *15*(3), 259-267.

Olstad, D., Campbell, E., Raine, K., Nykiforuk, C. (2015). A multiple case history and systematic review of adoption, diffusion, implementation and impact of provincial daily physical activity policies in Canadian schools. *BioMed Central Ltd.,* 1-25.

Pan Canadian Joint Consortium for School Health. (2010). Facilitating health and education sector collaboration in support of comprehensive school health. *Canadian Journal Of Public Health / Revue Canadienne De Sante'e Publique*, S18.

Rice, C. (2003). *Becoming women: Body image, identity, and difference in the passage to womanhood*. Unpublished doctoral dissertation, York University, Toronto, Ont., Canada.

Rice, C. (2014). *Becoming women: The embodied self in image culture*. Toronto: University of Toronto Press, Scholarly Publishing Division.

Robertson, L. (2014). Body equity – a concept long overdue. *National Eating Disorder Information Centre Bulletin, 29*(4).

Robertson, L., & Scheidler-Benns, J. (2016). Using a wider lens to shift the discourse on food in Canadian curriculum policies. *Cambridge Journal Of Education*, *46*(2), 157-175. doi:10.1080/0305764X.2015.1091440

Robertson, L., & Thomson, D. (2012). "BE"ing a certain way: Seeking "body image" in Canadian health and physical education curriculum policies. *Canadian Journal Of Education, 35*(2), 334- 354.

Robertson, L. & Thomson, D. (2014). Giving permission to be fat? Examining the impact
of body-based belief systems. *Canadian Journal of Education 37*(4), 1-25.

Russell-Mayhew, S., & Grace, A. (2015). A call for social justice and best practices for
the integrated prevention of eating disorders and obesity. *Eating Disorders: The
Journal of Treatment & Prevention*. doi:10.1080/10640266.2015.1113829

Salas, X.R., Forhan, M., Caulfield, T., Sharma, A.M., Raine, K. 2017. A critical analysis
of obesity prevention policies and strategies. *Canadian Journal of Public Health,
108*(5-6), 598-609. doi: 10.17269/CJPH.108.6044

Schilder, P. 1950. *The image and appearance of the human body: Studies in the
constructive energies of the psyche*. New York: International Universities Press,
Inc.

Schwan, A., & Shapiro, S. (2011). *How to read Foucault's discipline and
punish*. London: Pluto Press.

Sequeira, G. M., Miller, E., McCauley, H., Eckstrand, K., & Rofey, D. (2017). Research
poster presentations: LGBTQ: Impact of gender expression on disordered eating,
body dissatisfaction and BMI in a cohort of transgender youth. *Journal Of
Adolescent Health*, *60*(Supplement 1), S87. doi:10.1016/j.jadohealth.2016.10.352

Slane, J. D., Burt, S. A., & Klump, K. L. (2011). Genetic and environmental influences
on disordered eating and depressive symptoms. *International Journal of Eating
Disorders, 44*, 605–611. doi:10.1002/eat.20867

Smolak, L., & Levine, M. (2001). Body image in children. In Thompson, J., & Smolak,
L. (Eds)., *Body image, eating disorders, and obesity in youth : assessment,*

prevention, and treatment (pp. 41-66)*.* Washington, D.C.: American

Psychological Association.

Statistics Canada. (2018, July 25). Immigration and ethnocultural diversity in Canada.

Retrieved from https://www12.statcan.gc.ca/nhs-enm/2011/as-sa/99-010-x/99-

010-x2011001-eng.cfm

Statistics Canada. (2020, February 18). *Household food security by living arrangement*

[Table]*.* https://doi.org/10.25318/1310038501-eng

Storey, K. E., Montemurro, G., Flynn, J., Schwartz, M., Wright, E., Osler, J., Veugelers,

P. J., & Roberts, E. (2016). Essential conditions for the implementation of

comprehensive school health to achieve changes in school culture and

improvements in health behaviours of students. *BMC Public Health*, *16*(1), 1133.

Thompson-Brenner, H., Shingleton, R., Richards, L. (2015). Addressing gender and

ethnicity in the treatment of eating disorders. In Smolak, L., & Levine, M.

P. (Eds.). *The Wiley handbook of eating disorders* (pp. 698-711)*.* Chichester,

West Sussex: Wiley Blackwell

Tiggemann, M. (2012). Sociocultural perspectives on body image. In Cash, T. F.

(Eds.). *Encyclopedia of body image and human appearance* (pp. 758-

765)*.* London: Elsevier.

Tracy, S.J. (2010). Qualitative quality: Eight "big tent" criteria for excellent qualitative

research. *Qualitative Inquiry*, 16 (10), 837-851.

Walcott, D. D., Pratt, H. D., & Patel, D. R. (2003). Adolescents and eating disorders:

Gender, racial, ethnic, sociocultural and socioeconomic issues. Journal of

Adolescent Research Special Issue: *Eating Disorders in Adolescents, 18*, 223–

243.

Wildes, J. E., & Emery, R. E. (2001). The roles of ethnicity and culture in the

development of eating disturbance and body dissatisfaction: A meta-analytic

review. *Clinical Psychology Review, 21*, 521–551.

Yungblut, H. E., Schinke, R. J., & McGannon, K. R. (2012). Views of adolescent female

youth on physical activity during early adolescence. *Journal of sports science &

medicine*, *11*(1), 39.

Appendix A: Personal Identifier Form

PERSONAL IDENTIFIER FORM
Fill in the boxes that fit you best. You can choose to skip any question.

My gender identity is:
☐Boy
☐Girl
☐Other

My biological family members come from:
☐Europe (Germany, France, Ukraine, etc.)
☐Asia (China, Hong Kong, Japan, etc.)
☐South Asia (India, Nepal, Pakistan, etc.)
☐The Middle East (Turkey, Syria, Saudi Arabia, etc.)
☐Africa (Algeria, Kenya, Ethiopia)
☐Canada (First Nations, Metis, Inuit)
☐Other

I live in a ____house:
☐Big
☐Medium
☐Small

Money is _____ a problem for my family:
☐Never
☐Sometimes
☐Always

I have a physical disability:
☐Yes
☐No

The religion I follow is:
☐Roman Catholicism
☐Christian
☐Islam
☐Hinduism
☐Sikhism
☐Buddhism
☐Judaism
☐Not religious

☐Other

Appendix B: Structured Interview Questions

1. How do you define the word "healthy?"

2. How can you tell if someone is healthy or unhealthy?

3. Would you describe yourself as healthy? Why or why not?

4. Do certain things make it harder for you to be healthy?

5. What does a healthy lunch look like to you?

6. Are some people healthier than others? Why or why not?

7. Is it important to be physically active? Why or why not?

8. How do you feel when you look at your body?

9. How does what you learn in health or physical education make you feel about your body?

10. How can schools do a better job of teaching girls to love and accept their bodies?

Appendix C: Assent Form

ASSENT FORM

Title of Study: Reshaping Student Body Image Perceptions Through Alberta's Health and Physical Education Curriculum

Principal Investigator(s): Anita Khakh   **Phone Number(s):** (780) 394-9443
Study Coordinator: Dia Da Costa   **Phone Number(s):** 780-492-7608

What is a research study?
A research study is a way to find out new information about something. Children do not need to be in a research study if they don't want to.

Why are you being asked to be part of this research study?
You are being asked to take part in this research study because we are trying to learn more about body image and health and physical education. We are asking you to be in the study because you are a girl in grade six. About 10 children will be in this study.

If you join the study what will happen to you?
We want to tell you about some things that will happen to you if you are in this study.

- We will ask you to answer some questions about health and physical education. It will take about 30 to 45 minutes to do this. You can skip any questions you don't want to answer and can choose to stop at any time. We will read back your answers to you after we copy them all down. If you decide you don't want us to use your answers after we read them back to you, you have 2 weeks to tell us and we will take them out of the study.

Will any part of the study hurt?
The study will not hurt, but you may be asked to speak about experiences that brought up uncomfortable feelings. If you want to talk to someone after, we will make sure there is a school counselor you can meet with.

Will the study help others?
This study might find out things that will help other children with accepting and loving their own bodies some day.

Do you have to be in the study?
You do not have to be in the study. It's up to you. No one will be upset if you don't want to do this study. It's okay, the researchers and your parents won't be upset.

Do your parents know about this study?
This study was explained to your parents and they said that we could ask you if you want to be in it. You can talk this over with them before you decide.

Who will see the information collected about you?
The information collected about you during this study will be kept safely locked up. Nobody will know it except the people doing the research.
The study information about you will not be given to your parents or teachers.
The researchers will not tell your friends or anyone else.
The only time we will have to tell someone is if you talk about someone harming you or if you talk about harming yourself or others.
Your name will be hidden from the study when we share it with others after but it might be possible for people to guess who you are.

What if you have any questions?
You can ask any questions that you may have about the study. If you have a question later that you didn't think of now, either you can call or have your parents call (780) 394-9443.

Other information about the study.
- If you decide to be in the study, please write your name below.
- You will be given a copy of this paper to keep.

☐   Yes, I will be in this research study.   No, I don't want to do this.

Child's name	Signature	Date

Person obtaining Assent	Signature	Date

Appendix D: Information Letter and Consent Form

INFORMATION LETTER for SCHOOL PERSONNEL

Study Title: Reshaping Student Body Image Perceptions Through Alberta's Health and Physical Education Curriculum

Research Investigator:	**Supervisor:**
Anita Khakh	Dia Da Costa
116 St & 85 Ave	116 St & 85 Ave
University of Alberta	University of Alberta
Edmonton, AB, T6G 2R3	Edmonton, AB, T6G 2R3
akhakh@ualberta.ca	ddacosta@ualberta.ca
(780) 394-9443	780-492-7608

Background
- The research study is being done in collaboration with Edmonton Public Schools.
- All of the girls in grade six at Victoria School for the Performing Arts school are being asked to take part in the study.
- The findings of this study will be used to support my masters-based thesis in Educational Policy Studies at the University of Alberta.
- The study may be published online and shared at research conferences. In these scenarios, student names will not be used.

Purpose
- The purpose of this study is to look at how the health and physical education (HPE) curriculum in Alberta shapes students' body image. Because the HPE curriculum in Alberta highlights topics of body diversity, how are students reshaping their body image perceptions? This is a question that may be helpful to those working in healthcare, education and governmental sectors.

Study Procedures
- I will analyze the Alberta HPE curriculum to search for key themes. Following this, an interview will be held with Students. Interviews will last between 30-45 minutes and will be audio-recorded.
- Once the recording has been collected and typed in word form, it will be returned to Students for approval. I am hoping that all recordings will be analyzed before the summer of 2019.
- I am hoping for the entire research study to be finished by September of 2019.

Benefits
- Students will not directly benefit from the research. With that being said, Students will be invited to think about what types of bodies are healthy and why this is. Thus, they may better understand the meaning of health by reflecting and responding to interview questions.
- I hope that I will get information from this study to better understand how health is framed in the curriculum and its role in shaping student body image perceptions.

Risk

- The research is of small risk. Because students will be asked to speak about their body and its relationship to HPE, they may be reminded of past experiences in the school setting in which they felt their body image negatively being affected, creating potential for emotional stress. Because of this, I ask that a school counselor be made available for students to speak with should they request one.

Voluntary Participation
- Students do not have to participate in this study. The participation is completely voluntary. Students do not have to answer any specific questions even if participating in the study. Students are allowed to skip a question and move to the next question, the audio recording can be stopped at the request of the student and the interview can end at any point.
- Students can ask to have collected data withdrawn and not included in the study up until two weeks after audio-recordings. In the event of withdrawal, all data collected will be destroyed.

Confidentiality & Anonymity
- The data collected will be used to draft my thesis and this may be found in research journals, discussed in conferences or used for teaching. Students will not be identified by name in any of these scenarios.
- Data will be kept confidential and will only be available to my supervisor and myself.
- Anonymity cannot be guaranteed in the school context given that students that are being interviewed will be individually pulled out of class. I will do my best to pull out students discretely and create as little disruptions in the classroom as possible. Although precautions will be taken, it is possible Students may be identified based on the information they provide.
- Data will be kept in a secure place for a minimum of 5 years following the completion of the research project. Electronic data will be password protected and when appropriate destroyed in a way that ensures privacy and confidentiality. Hard-copy data will be locked in a filing cabinet.
- The only exception to this promise of confidentiality is that I am legally obligated to report evidence of child abuse, neglect or threats to harm oneself or others.
- Upon request, students and yourself may receive a copy of the published research study when it is completed.
- I may use the data I get from this study in future research, but if I do this it will have to be approved by a Research Ethics Board.

Further Information
- If you have any further questions regarding this study, please do not hesitate to contact Anita Khakh.
- The plan for this study has been reviewed by a Research Ethics Board at the University of Alberta. If you have questions about your rights or how research should be conducted, you can call (780) 492-2615. This office is independent of the researchers.