

Giving Permission To Be Fat? Examining the Impact of Body-Based Belief Systems

Lorayne Robertson

University of Ontario Institute of Technology

Dianne Thomson

University of Ontario Institute of Technology

Abstract

Body image might be explained as “how we picture ourselves” and, while the image may or may not be accurate, it can affect decisions about physical, social, and emotional health. Schools are seen as potential sites for universal intervention programs to promote health, self-esteem, and size acceptance, and also to discourage unhealthy eating and body-based bullying. The implementation of a body image program is contextualized by embedded cultural ideals of body perfection, which affect students and teachers and potentially affect implementation. This research uses a case study methodology and a planned behaviour analysis framework to analyze the issues that emerge in the implementation of a body image and self-esteem curriculum across six schools. The findings provide a window on the complexity of behavioural beliefs, cultural beliefs, and perceptions of efficacy impacting a body image curriculum project. The authors see potential solutions in knowledge mobilization and critical body literacy.

Keywords: body image, self-esteem, knowledge mobilization, health literacy, critical body literacy

Résumé

Le schéma corporel peut être expliqué comme le suivant, «la façon dont nous nous imaginer» et, alors que cette façon peut être, ou n'est pas, précise; elle peut influencer sur les décisions relatives à la santé physique, sociale et affective. Les écoles sont considérées comme des lieux potentiels pour les programmes d'interventions universelles pour promouvoir la santé, l'estime de soi et l'acceptation de la taille du corps, et aussi capable de décourager les mauvaises habitudes alimentaires et le corps d'après l'intimidation. Cette recherche utilise une méthodologie d'étude de cas et un cadre d'analyse du comportement planifié pour examiner les problèmes qui ont apparus dans l'exécution d'un programme de l'image corporelle et de l'estime de soi à travers six écoles. Les résultats fournissent une fenêtre sur la complexité des croyances comportementales, les croyances culturelles et les perceptions de compétences évidentes dans l'exécution d'un programme de l'image corporelle. Les auteurs remarquent des solutions possibles en envisagent des approches plus critiques de l'alphabétisation du corps.

Mots-clés : schéma corporel, estime de soi, la mobilisation des connaissances, l'alphabétisme en matière de santé, l'alphabétisation critique du corps

Introduction

A body image and self-esteem curriculum for elementary schools (Grades 1–8) was developed by a teachers' organization because teachers were asking for curriculum materials to address student weight preoccupation. Working with an advisory committee of health practitioners, eating disorder specialists, and researchers, a grade-specific body image and self-esteem curriculum was developed. One year later, six schools were approached by the teachers' organization to participate in a research study on the implementation of the curriculum. Data include school visits, individual teacher interviews, and analysis of classroom outputs (e.g., student writing). Findings indicate that, in addition to school-specific factors, there are multiple, intersecting, and competing beliefs to be considered when implementing a body image and self-esteem curriculum, and there is a need for knowledge mobilization to help teachers develop more critical understandings of body literacy. School-specific findings are reported, classified by implementation levels.

A Review of the Research

There is a significant and growing body of research regarding body image and its implications for children and adolescents (Smolak & Thompson, 2009), which speaks to the significance of a positive body image in overall health and the need for schools to teach acceptance of a wide range of body types. Some research exists on the role of teachers in body-acceptance intervention programs (e.g., Haines, Neumark-Sztainer, & Thiel, 2007; Holt & Ricciardelli, 2008; Piran, 2004; Yager & O'Dea, 2005). Other research, however, indicates that teachers hold negative body views; in particular, physical education teachers are seen to be influenced by the current anti-fat climate in society (e.g., Greenleaf, Martin, & Rhea, 2008; O'Brien, Hunter, & Banks, 2007; Peterson, Puhl, & Luedicke, 2012). Little research is available, however, that investigates how teacher beliefs play out in a body image curriculum implementation. The present study investigates how personal, societal, and competency beliefs factored into the introduction of one body image curriculum.

The Importance of a Body Image Curriculum

Body image is an image held personally about one's own body and is not necessarily matched to a person's actual body size and shape (Hutchinson & Calland, 2011). Grogan (2008) defines body image as a person's "perceptions, thoughts and feelings about his or her body" (p. 3). Body image is becoming a significant issue for boys' and girls' health, both in childhood and in adolescence (Kehler & Atkinson, 2010; Holt & Ricciardelli, 2008; Kostanski, Fisher, & Gullone, 2004). A student who has a negative body image can put his or her body at significant risk by taking actions to change its shape through disordered eating and/or by taking supplements (Cafri, Thompson, Ricciardelli, McCabe, Smolak, & Yesalis, 2005; McVey, Tweed, & Blackmore, 2004a, 2004b; Neumark-Sztainer, Paxton, Hannan, Haines, & Story, 2006). Students who do not understand the basic daily needs of their bodies can override their bodies' cueing systems for thirst and hunger, resulting in disordered eating characterized by either restrictive dieting or over-exercising.

In the current era, adolescents are found to be more at risk from preventable behaviours than from disease, and there is evidence to suggest that at-risk health behaviours share underlying factors (Wild, Fisher, Bhana, & Lombard, 2004). A poor body image is linked with other concerns of childhood, such as low self-esteem, depression, eating disorders (Hutchinson & Calland, 2011), and, in adolescents, suicidal ideation (Brausch & Muehlenkamp, 2007). Canadian statistics (Statistics Canada, 2009) indicate that the second most common cause of death among adolescents is suicide. According to Wild et al. (2004) boys with low body image are more at risk for being bullied and for feeling suicidal. For girls, poor body image has been linked to multiple risk activities such as unsafe sexual behaviour, substance abuse, and likelihood of suicide (Wild et al., 2004). In addition, for girls, the fear of being fat is considered, "one of the most robust early adolescent predictors of the onset of late adolescent disordered eating" (Smolak, 2009, p.136).

Body dissatisfaction, often directed toward a body inconsistent with currently accepted cultural norms of lean and muscular for boys and thin for girls, can contribute to decisions not to participate in academic activities (Crosnoe, 2007) and physical activity (Greenleaf et al., 2008; Grogan, 2008; Puhl & Luedicke, 2012; Rice, 2007). Body dissatisfaction is exacerbated by the bullying and teasing that usually accompanies this

non-conforming body (Fox & Farrow, 2009; Puhl & Luedicke, 2012; Puhl, Luedicke, & Heuer, 2011; Tillman, Kehle, Bray, Chafouleas, & Grigerick, 2007). There is stigma associated with body size—peers discriminate against “overweight” peers (Puhl et al., 2011). Students who are perceived by peers to be either “overweight” or “underweight” are more at risk for being bullied (Kostanski & Gullone, 2007; Neumark-Sztainer et al., 2002). Children at a young age have expressed internalized stigma associated with body size (National Eating Disorders Information Centre, 2002). Eisenberg, Neumark-Sztainer, and Story (2003) find a relationship between weight-based teasing and measures of emotional well-being. Kostanski and Gullone (2007) conclude that teasing is “a strongly identified component within victimization and bullying processes” (p. 308). Pevnet (2012) describes bullying as a type of aggression that is applied against someone based on power. Children acquire power in many ways, including using the knowledge of another’s vulnerability to cause distress. Researchers, educators and parents are becoming concerned not just for adolescents, but for children. Smolak (2004) explains,

It is clear that some children are already worried about their ability to look “good enough” to be accepted by others. They are saddened and embarrassed by their looks. They are already trying food restriction and exercise techniques to change their bodies. Some of these attempts may be health endangering. Thus there seem to be children whose lives are already being negatively affected by poor body image. (p. 16)

In summary, the literature points to the significance of the issue of body image as a health issue because it impacts on the self-esteem of students, creates vulnerability through stigma and bullying, and affects their participation in physical activity and other elements of schooling.

Universal Intervention Programs

Schools have been identified as promising sites for universal (all students), as opposed to targeted (students with eating disorders), intervention programs (Kater, Rohwer, & Londre, 2002; Hutchinson & Calland, 2011; McVey et al., 2004a). A study conducted by Haines et al. (2007) provides some indications of the potential of school-based universal interventions, finding that teachers concur that body-based teasing and poor body

image are key issues for children. Teachers are also concerned about students' intake of high-calorie foods and the lack of opportunities for children to be active. In their study, Haines et al. (2003) compile a list of attributes for school programs intended to address weight-related issues. These include (a) providing students with opportunities to address body image issues, (b) promoting size acceptance, (c) encouraging students to focus on strengths other than appearance, (d) educating students on what it feels like to be teased, and (e) helping students to resist media pressure to be a certain size (2007, p. 11).

Program interventions have not emphasized a need for more critical approaches to the present cultural emphasis on looking a certain way (i.e., young, thin, muscular, and desirable), which is not attainable by most of the general population. There are calls from health researchers to address this. For example, Puhl et al. (2011) caution that students should be educated about weight-bias and school-based health interventions should focus on "health" rather than "weight" in order to avoid further weight-based stigmatization. Raphael (2009) finds that the social determinants of health, which are largely responsible for health, are being neglected in Canada, with a focus instead on biomedical (health care) and behavioural (individual responsibility) approaches. Similarly, Evans and Rich (2011) in the U.K. caution against curriculum approaches which echo the dominant (and singular) discourses that assign responsibility for "health" to individuals for outcomes over which they have little control. Evans and Rich (2011) argue, "Poor diets and ill health have their origins, in large part, in the social and economic conditions of people's lives" (p. 375).

Within the research on universal intervention programs, there is agreement that programs should begin with students in the primary grades before they have deeply integrated sociocultural beliefs about appearance (Hutchinson & Calland, 2011; Levine & Smolak, 2009). A review of prevention programs by Holt and Ricciardelli (2008) finds that, while there is evidence of knowledge acquired as a result of school-based body image program interventions, evidence is limited regarding whether or not these programs reduce the incidence of future eating disorders. As well, few studies to date address these concerns for boys. Also, short-term approaches have less impact than body image programs that are integrated into the regular content of the school curriculum (Holt & Ricciardelli, 2008).

Teachers have been termed the "forgotten influence" on the success of such programs (Smolak, Harris, Levine, & Shisslak, 2001, p. 261). The roles of school personnel

are, however, increasingly coming under scrutiny as a possible reason to explain why intervention programs have not been widely successful. Students considered “obese” are sometimes viewed in negative ways by teachers, especially physical education teachers who can show anti-fat bias, hold strong beliefs about the need for weight control (Greenleaf & Weiller, 2005; Greenleaf et al., 2008) and hold lower expectations of students who are “obese” (Peterson et al., 2012).

While concurring that school personnel have not yet been utilized to advantage, Yager and O’Dea (2005) also raise cautions around the role of the teacher in body image and self-esteem programs. School personnel have the potential and the commitment to make a strong contribution, but they lack the training to fulfill the role in an optimal way; certain teachers such as physical education and home economics teachers are under pressure to match the ideal body. Yager and O’Dea (2005) acknowledge a shortage of research in this area, but early findings indicate that the teachers themselves practise unhealthy weight loss behaviours, and “the potential for teachers to transfer these unhealthy and undesirable behaviours to their students needs to be acknowledged” (p. 267).

Similarly, Piran (2004), in a research review of the role of teachers in intervention programs, finds their role in program implementation is “often missing” (p. 1), even though teachers are interested in eating disorder prevention and learning how to support students who are bullied. Piran (2004) argues for more teacher training, finding that teachers who participate in training are able to identify their weightism prejudice in their daily talk. Piran (2004) advocates a multiple-stage process of teacher training that includes acquiring a critical perspective on the structures of society that impact on students’ body experiences, as well as access to discussion groups for teachers.

In summary, the literature on body image intervention programs and weight bias indicates that body image interventions are susceptible to multiple influences such as the need for teacher training and support during the curriculum implementation; teachers’ own susceptibility to body image pressure; teachers’ beliefs and anti-fat biases; and the need for more critical perspectives to challenge dominant discourses.

Research Methodology

The body image program that was the focus of this research was widely available at no cost to schools in one Canadian province, with the requirement that some or all school personnel attended training. The schools studied were identified by the teachers' organization as schools where whole-school training and implementation of the program had been undertaken. The general research approach was phenomenological (Lichtman, 2012) and intended to capture, as much as possible, the experiences at each school. The methodological techniques arising from a phenomenological approach, primarily interviews, assume that the reality of a phenomenon is only perceived within the meaning of the experience of an individual (Cresswell, 2013). Lichtman (2012) describes the role of the researcher as extracting "the essence of that experience" (p. 87) through a method that reduces the data. In the case of the six schools, the research team visited each school site.

Interview questions were designed to explore teachers' experiences of comfort and/or challenges with the materials, their students' responses to the materials, and the school support available during the project. In addition, the research team was provided with teachers' reflective writing and samples of lessons and student work. Data were gathered from interviews, and observations at six school sites in four different district school boards. Interviews of teachers, principals, and support staff were recorded, transcribed, and sent back to the 48 participants for verification. The analysis examined the individually constructed and lived reality of a complex phenomenon: teaching about body image, which is a topic embedded in a complex social and cultural agenda. Taking a phenomenological approach to studying the teaching of body image means that this study did not seek the one "best" way to approach it; rather, it is the interpretations of the teaching experiences that are of importance to this study. Are there common challenges or areas of comfort? Similarly, are there common perspectives from which teachers describe their lived experiences of teaching about body image?

For data analysis, the general themes were observed and noted (Cresswell, 2013). Next, each reviewer, working separately, coded data for each school site and created descriptive case studies for each school (Lichtman, 2012). Each case study focused on the groups of individuals at that school site, working to capture their lived experience with the curriculum through their interview comments and the student work provided. The data were then coded for each school, determining the dominant themes and messages

that emerged at that particular school site. The reviewers then met to compare analyses and to note the frequency of the appearance of key themes. Three of the most persistent themes across schools involved teachers: teacher learning, teacher dis/comfort, and teacher resistance. Teacher beliefs emerged as central to the understanding of the data, which introduced a subjective component to the data analysis. At the next stage of data analysis, comparisons were drawn between and among the six schools with respect to the degree of implementation of the body image/self-esteem curriculum. This resulted in a categorization of high-, middle-, and low-implementing schools, shown in Table 1, which follows the Findings section below.

Because the body image program was not mandatory, implementation of the program depended on the intent of the teachers to address the issues of body image and self-esteem. Given this context, Ajzen's theory of planned behaviour (TPB) (1991) was used as a framework for the data analysis.

Ajzen's TPB (Ajzen & Albarracin, 2007) addresses the space between intention and behaviour. The components of intention are (a) personal beliefs, (b) normative social beliefs, and (c) control beliefs. Background factors affecting all of these beliefs include dispositions, demographics, and information (Ajzen, 1991). Personal beliefs about one's own body, for example, can arise from personality traits, age, and school experiences. Beliefs about one's body in turn can influence how a teacher would implement a body image program in a classroom. A second factor in shaping the implementation of such a program would be social beliefs or social norms. These beliefs reflect social influences and pressures. For instance, teachers implementing a program to promote healthy body image do so in the context of what has been termed "an obesity epidemic," a term that Gard & Wright (2005) find is based on very uncertain science. Social norms can influence both the intention to implement the program, and the actions based on that intention. One's beliefs about efficacy also can affect the implementation of a program. Control beliefs, according to Ajzen (1991), are perceptions of a person's ability, comfort, or competence to take action—this control can be either perceived or actual. For instance, a teacher might feel uncomfortable addressing body image because of moral beliefs, lack of confidence, or a lack of resources.

Data were analyzed with respect to evidence of (a) personal beliefs, (b) social beliefs, and (c) control beliefs acting in the school settings based on Ajzen's (1991) TPB

analysis framework. These findings are presented next, followed by Table 1 that consolidates the findings. The school names are pseudonyms.

Findings

High Implementing Schools: Queen Elizabeth and Ridgville

Queen Elizabeth Public School. Queen Elizabeth is located in a busy urban centre with a student mix that includes recent immigrant families from Asia, the Middle East, and Africa. The walls boast posters that promote the school's four values: self-control, mutual respect, responsibility, and appreciation. The whole school participated in the training for the body image curriculum, and there was general consensus that the program was relevant and important. Both the body image training and the body image lessons reminded teachers of their own experiences with body image issues and emotional scars. Teachers said that the program helped students by providing strategies to work against bullying and stereotyping, and they wanted students to receive consistent body-positive messages across grades, starting in the early grades. One teacher commented that her biggest learning was "reflecting on how I speak, and listen[ing] to how we speak as a staff" regarding body image, weight, and diet issues.

The body image program matched the social beliefs of the school. Teachers attributed the program's success to the whole-school focus and connections between the program messages about self-esteem and those of the school's character education program. The school held two assemblies to focus on the body image program. One was based on the song "Don't Laugh at Me," which has an anti-bullying, body acceptance message. All of the students wrote about the body part they liked best. The teachers perceived that the body image project had an impact because of students' comments such as, "I am short but I was born this way." Teachers referred to working together and supporting each other to "modify and try out and share ideas." This peer support influenced teachers' control beliefs (Ajzen, 1991) as they were able to turn intention into action.

The teachers reported that they lacked the language to address all of the body image issues that arose, such as how to speak to young girls who were dieting. In the words

of one teacher, “Body image is not an onerous curriculum but the difficulty is tackling the issue.” The teachers met this competence challenge by discussing it on email.

Ridgeville Public School. Ridgeville, a small rural school, also had a high level of implementation. The principal introduced the body image program to the teachers and to the school’s parent council and both groups endorsed the initiative. The philosophy of the body image program resonated with the school’s character education program and the timing coincided with the review of the school’s code of conduct. The principal also sent information on the body image project to the parents. Ridgeville had a teacher champion for the body image program and additional support was provided by a child support worker (CSW).

The teachers in this school recognized challenges to their current personal beliefs, and realized that body image was an issue for boys as well; three teachers mentioned their personal experiences and other teachers discussed their children’s experiences, or situations for particular students in their classes. Teachers took a critical approach to body image, and identified new learning as a result of the program, recognizing that they became more sensitive to bullying and stereotyping because of it. Teachers recommended that the body image program start with young children and be reinforced through subsequent grades. In the early grades, teachers thought that the program focus was on inner qualities and promoted acceptance of difference in that people have different skills and attributes. In the middle grades, they related the body image program to anti-bullying, with one teacher stating that the essence of a body-positive program was that, “It goes right to the core of what is kind and unkind and you can really extend that, just on behaviour.” In the senior grades, teachers and the CSW identified that the key issue was with the media portrayal of generally unattainable body shapes and sizes.

There were two issues: teachers found the lessons to be too long for the structure of their instructional schedule, and they discovered that it was difficult to teach equity and diversity issues in a community where most people represented mainstream societal groups. Their responses to these control factors were proactive as they considered ways to adapt for them.

Middle-Implementing Schools: Riverview and Georgian

Riverview Middle School. Six hundred adolescents attend Riverview, which is located in an urban setting. According to the website, 87% of the parents are university-educated. The school runs on a rotary system and, once every six days, the students meet with their teachers in advisory groups. The staff underwent the body image training because the principal was interested in establishing a learning community and thought that the common focus of a body image program would be a vehicle for the staff to “cooperate and work together.” The body image program’s place in the school’s social values was somewhat unclear. Teachers did not have copies of the curriculum—two teachers selected four body image lessons, photocopied the program materials, and distributed them immediately prior to the four one-hour sessions.

The teachers thought that they were already addressing many of the topics of the body image curriculum, so the implementation reflected, as one teacher expressed it, “all the teachers interpreting it in their own way...with their own biases or lack of biases or their own filters, or their own baggage or their own comfort level.” The teachers had significant subject expertise as well as backgrounds in media literacy, health education, and physical education. There were few reported instances of new teacher learning, and few examples reported of teachers examining or questioning their personal beliefs.

An implementation challenge arose out of the decision to teach one of the sessions in single-sex classes, which is suggested by the body image curriculum. Reported results were mixed; teachers were teaching half of the students for the first time for just one lesson and they felt it was not conducive to the students “opening up.” Two female teachers perceived that the girls-only sessions allowed the girls to speak more freely than in their regular classes; in one of the girls-only classes, a sexual harassment and abuse situation was reported and subsequently resolved. In contrast to the female teachers’ perceptions, two of the male teachers did not see a need for girls-only or boys-only classes, with one stating,

You know, girls want to talk about boys but girls would talk if boys were around. I don’t see them being edited. Maybe I just don’t see...but I don’t have a feeling that it would have changed if the boys were around.

There was also a perception that in general the program was overly focused on the girls. There was no mention of efforts to resolve differences in personal beliefs, nor to address the practical factors such as providing each teacher with a copy of the curriculum.

Georgian Public School. Georgian Public School, in contrast, is in a remote rural area with 171 students. The school's stated mission is to create a safe and caring learning community. Because of the school's emphasis on character education, the body image program seemed to align with the school's stated goals. Three teachers and the principal attended the training on the body image program, and there was a teacher on staff who championed the program, providing reminders to teachers at monthly staff meetings.

In contrast to the other schools, where teachers spoke individually with the research team, at this school site the principal remained at all teacher interviews, and designated one teacher to speak on behalf of the primary division. Here it was reported that the teachers "did the whole program," whereas in other schools, the program was rarely undertaken in its entirety. Teachers indicated that it would be important to include body image "as part and parcel of the curriculum." According to the participants, most of the staff liked the program and would use it again. As one teacher stated, "I think it is important for character development. You talk about friendship and bullying and those are things that need to be taught."

Some evidence of examination of their personal beliefs was evident in the interviews. One teacher, for the first time, saw put-downs as "scars," and teachers connected to negative comments from their own childhoods. Teachers reported that they gave students messages such as "Accept aspects of your body size and shape that you cannot change," while at the same time, encouraging them to "Exercise and eat well." To support the "eating well" message, there was an after-school cooking club. Obtaining book resources for the program proved to be a challenge, as well as a reported inability to stay in contact with the training team. Teachers reported that, although they were in favour of the program, it was difficult to remain motivated because of these resource issues.

Low-Implementing Schools: Mount Vincent and Northview

Mount Vincent Middle School. The school's name, "Mount Vincent," conjures up a pastoral scene but, in reality, this K-6 school is in an urban area with concrete playgrounds. The school's population reflects 40 different countries of origin for the 321

students. The teachers felt that the body image program would synchronize well with the board's equity focus and would help them to deal with body-based bullying. Implementation at this school was limited. Most of the teachers reported that they tried "one or two" of the body image lessons rather than attempting to implement the full program. One teacher had suggested the program to the principal and the staff had approved it, but there was no reference made to a support person or champion on staff.

In this school, personal belief systems created significant barriers to implementation for some teachers. Two of the teachers expressed strong, unresolved objections to the message of the body image program, citing their own body image beliefs as the reason. One felt that thin people were stigmatized by the program. Another, who believed in fitness, said that he felt the body image program was too accepting of fat people instead of expecting them to be the best they could be.

In terms of social beliefs, it seemed that the teachers were familiar and comfortable with equity issues but not with how body image might be considered in that context. One teacher said that because she was so used to doing equity work, the body image work was nothing new to her and did not require learning anything new. One teacher spoke about motivating a non-athletic student to run in a track meet by asking her to pretend that there was a clothing sale at the end of the track. Another teacher said she lacked the competence to speak about body image, and found it difficult to do so because she had "two really obese girls" in her classes.

Several teachers suggested that the body image program was derailed at the initial training stage when a male teacher asked why boys and male body image had not been included, leaving the impression that "men did not count." Discontent from perceptions around the training persisted in this school's interviews. Teachers thought that the students were not thinking deeply or critically about the issues but were instead just "parroted back" what they thought teachers wanted to hear. Teachers also said that they were unable to locate required resources in sufficient quantities and that they needed shorter and highly visual lessons. In summary, this school had anticipated that the body image program would fit in nicely with their school focus, but the program appeared to be neither successfully launched nor integrated.

Northview Elementary. In June, when researchers visited Northview School, they found a relaxed, informal atmosphere. Resources were not an issue in this school because one teacher had located all of the body image resources and had compiled kits

for teachers. Despite the resources, there was little evidence of implementation and there were clear tensions around the body image program philosophy. The program was mostly attempted in the lower grades. Teachers who used the body image program favoured one lesson modelled in the training and taught this lesson across six grades instead of in the one grade for which it was intended.

Strong tensions in personal beliefs emerged during the interviews. Some of the teachers valued the program for its anti-bullying stance, and others because the program was intended to help students see ideal bodies in the media as unrealistic. Others on the staff indicated that they could not fully embrace the body image program philosophy because it appeared to absolve students of personal responsibility for their own fitness, proper eating, and exercise. One teacher thought that students needed to know that genetics were not an excuse for not working out. They were in almost unanimous agreement that the body image lessons needed to be coordinated with the provincial physical education curriculum on healthy eating and exercise. One teacher had a dissenting view and thought that the school's focus on fitness was exclusionary for some students and teachers. In general, though, the teachers thought that eating disorders should be taught as you would teach any preventative health issue, such as anti-smoking, and did not agree with the program's overall self-esteem, body-positive approach. Northview School reported an inconsistent level of implementation, which appeared to be largely due to unresolved differences in teacher beliefs.

Summary Across Schools

In Table 1 that follows, the approaches of the six schools are summarized with respect to personal beliefs, cultural beliefs, and perceptions of competence. Examining the data in this way reveals how personal, social, and competence beliefs can factor into a curriculum implementation that has countercultural elements. For example, there was some teacher dissonance in all of the schools in the study, but teachers in high-implementing schools discussed the emerging issues and worked together to solve them. Teacher discomfort was also a factor across the schools, but the high-implementing schools provided mechanisms for teachers to receive information and support from peers to address issues that emerged during the implementation. One such issue that was raised, which was not directly connected to the body image curriculum, was a school policy requiring teachers

to supervise the content of children’s snacks. The two schools that experienced the most difficulty with implementation struggled with acceptance of diverse body shapes and sizes or giving students permission to be fat.

The summary in Table 1 suggests some possible “ways forward” for schools that are considering the implementation of a body image and self-esteem curriculum, such as ongoing support through implementation, and opportunities to resolve differences.

Table 1: Summary Across Schools

Level of Implementation	School Descriptions	Personal Beliefs	Social Beliefs	Control/Competence Beliefs
<p>High</p> <p><i>-high teacher learning</i> <i>-moderate teacher discomfort</i> <i>- low teacher resistance</i></p>	<p>-Most teachers are familiar with the body image program and provide student work examples. -School-wide activities are undertaken.</p>	<p>-Teachers express belief in the value of the program. -Teachers work together to solve body image program issues.</p>	<p>-The body image program is connected to the school’s values program. -Formal and informal leadership supports are evident.</p>	<p>-Teachers collaborate to express needs, such as finding more sensitive language. -The instructional schedule is adapted for the implementation. -Opportunities to integrate the concepts into the curriculum and resources are provided.</p>
<p>Middle</p> <p><i>- moderate teacher learning</i> <i>-moderate teacher discomfort</i> <i>- moderate teacher resistance</i></p>	<p>-Teachers generally articulate support but are not fully developing the lessons or integrating the ideas.</p>	<p>-Limited critical engagement with body image issues is evident. -Teachers internalize messages about size acceptance.</p>	<p>-There are few opportunities to share expertise. -Issues and challenges are evident. -Focus is on completing the program (compliance).</p>	<p>-Lack of availability of resources is the stated barrier to implementation. -Some teachers have expertise but have no opportunities to share it -There is little evidence of integration into the classroom curriculum or whole-school focus areas.</p>
<p>Low</p> <p><i>- little teacher learning</i> <i>- wide variation in teacher comfort</i> <i>-high resistance</i></p>	<p>-Teachers have conflicting personal beliefs. -Disconnect begins in the training. -Scattered implementation is evident.</p>	<p>-Limited engagement with topic of body image is seen. -Strong disagreement with program is expressed.</p>	<p>-There is no mention of informal or formal leadership support(s) and no evidence of coherence with other school initiatives.</p>	<p>-A need for ongoing external support and training is expressed. -Emergent tensions and philosophical differences are not resolved. -Body image program is not integrated into regular program.</p>

Discussion

Although this study focuses on school-specific findings, broader societal influences factored into the implementation at each school site. This research confirms earlier research findings that teachers are concerned about their students' health, weight, and eating, as well as the teachers' own shape and health (McVey, Gusella, Tweed, & Ferrari, 2009, p. 3). This study also matches earlier findings that teachers need support to understand their own preconceptions and stigma attached to body size and shape (Greenleaf & Weiller, 2005; Greenleaf et al., 2008; Piran, 2004). Schools are part of society, and body image issues enmesh teachers in complex issues that involve societal and personal beliefs. As Tiggemann (2011) identifies, both appearance in general, and body image in particular, are important in today's society. The result is a sociocultural view of body perfection which, when internalized, can result in body dissatisfaction (Grogan, 2008). Teachers in this study indicate they are not immune to these societal pressures to see body size and shape as problematic and as areas of personal responsibility. Schools that implemented the body image intervention program at a higher level believed in the program and had supports in place to resolve belief issues. In the schools where belief differences were not able to be discussed and resolved, the program faltered.

The findings of this study suggest that teacher efficacy (capacity, confidence, and support) can be increased through knowledge mobilization between the fields of health sciences and education. In addition to access to research, teachers need support to understand the sociocultural processes at work. Knowledge mobilization has been defined by Levin (2008) as a process that involves providing the right information to the right people within the right time frame. Training needs to focus on both research and the development of more critical understandings of how personal beliefs about body weight, shape, size, and body image are influenced by society. One example of a knowledge mobilization vehicle is a website for teachers created by the authors and others (authors' website, www.teachbodyimage.org).

The teachers in this study are functioning at the intersection of public attitudes toward body weight and a professional ethic of care that includes respect for all students. Despite evidence that health is more impacted by societal variables than by individual choice (Raphael, 2009), current public health messages and the media focus on individual lifestyle choices. In many Canadian provinces, health and physical education curriculum

policies equate good health and fitness with controlled eating and fitness monitoring (Thomson & Robertson, 2012). In addition, while some provincial and territorial health policies define health in broader terms that include social and emotional health, the focus of these policies continues to be fitness, healthy eating, and risk avoidance rather than developing critical health literacy and working to maintain all aspects of health, including mental health (Thomson & Robertson, 2012).

Another way forward is critical health literacy. Nutbeam (2000) identifies three levels of health literacy: (1) *Functional health literacy* is a behaviour change model based on identifying risks (don't smoke, don't drink, etc.). (2) *Interactive health literacy* is directed at building an individual's capacity through "personal and social skill development" (p. 265). (3) *Critical health literacy* is geared toward building capacity to make changes in society to address the social, environmental, and economic determinants of health. What emerges from this study is that teachers need to be more critically aware of the stigma, stereotypes, and oppression surrounding weightism. They need to understand the harm that this can cause students who are perceived to be of "above-average" weight and size. Teachers need to help students build resilience against cultural pressures to conform to particular body types. Data indicating that one teacher found it difficult to talk about body image with two "really obese" girls in her class speaks to the lack of awareness of fat prejudice in schools and society and how to address it.

As researchers, we see a need for critical body literacy understandings so that education can raise awareness of how beliefs about "acceptable" bodies are influenced by society. For example, teacher training should raise awareness of the impact of media saturation that presents ideal body types, which are unrealistic and unattainable for the general population, as typical. Critical body literacy programs would address health in its complexity and help teachers understand that size is not necessarily predictive of health, and that health is mostly determined by strong societal factors (Raphael, 2009) rather than lifestyle choices.

Changes in shifting the blame for health outcomes are already beginning to emerge in health policies. In 2004, a report from Ontario's chief medical officer of health equated a healthy life with a healthy weight (Basrur, 2004). One decade later, her fellow medical officers focused their report instead on improving health through the design of cities and suburbs that are walkable and less car-dependent (Mowat, Gardner, McKeown, & Tran, 2014). Critical body literacy approaches build understandings of how schools

and society can promote or diminish students' chances to build *overall health* without reducing the conversation to one of solely personal responsibility. Teachers in this study indicated that they needed spaces to discuss complex, sometimes contradictory messages about size acceptance and personal responsibility. We suggest that if more critical body literacy elements had been in place in the provincial curriculum policy, such as body diversity acceptance and challenges to body size stereotypes, teachers would have struggled less with personal beliefs, cultural beliefs, and perceptions of competence when teaching a body-positive curriculum. Some teachers, for example, asked the research team for the "right answers" to questions such as "To what degree does heredity predict size?" looking for where to place the responsibility for body size. Addressing these complex considerations requires critical perspectives to challenge hegemonic views which privilege a narrow range of bodies and assess blame to others.

A critical body literacy program would encourage students to name the hidden codes in society that attribute positive (privileged) values to certain bodies and stigmatize the less-preferred but naturally occurring diversity of bodies. Students would be empowered to seek a healthy body rather than a certain size. Students would interrupt mediated norms and create new media that would counter pressure to look a certain way in order to be accepted. A more critical, body-positive health and physical education program would help students listen to body-based cues for hunger, thirst, satiety, and joy of movement instead of encouraging them to override their systems through monitoring. Central to this approach is the recognition that teachers need support in order to challenge their own belief systems and weight biases, including the present focus on personal responsibility within the reality of social determinants of health.

Body image and body dissatisfaction are pressing issues for Canadian schools that will require more dialogue, commitment, and awareness of critical body literacy in order to be more effectively addressed. It is hoped that these case studies of schools will encourage steps in this direction.

Acknowledgements

We are indebted to an anonymous reviewer who provided additional research to consider, deepening our understandings. The publication of this research and the website (www.cje-rce.ca)

teachbodyimage.org) were made possible by a grant from the Knowledge Network for Applied Educational Research (KNAER). Special thanks to Wendy Barber, assistant professor at UOIT for her contribution during the data analysis stage.

References

- Ajzen, I. (1991). The theory of planned behavior. *Organization, Behavioral and Human Decision Processes*, 50, 179–211.
- Ajzen, I., & Albarracin, D. (2007). Predicting and changing behavior: A reason action approach. In I. Ajzen, D. Albarracin, & R. Hornik, R. (Eds.), *Prediction and change of health behavior: Applying the reasoned action approach*. Mahwah, NJ: Lawrence Erlbaum Associates.
- Basrur, S. (2004). *Chief medical officer of health report: Healthy weights, healthy lives*. Toronto, ON: Queen's Printer for Ontario.
- Brausch, A., & Muehlenkamp, J. (2007). Body image and suicidal ideation in adolescents. *Body Image*, 4, 207–212.
- Cafri, G., Thompson, J., Ricciardelli, L., McCabe, M., Smolak, L., & Yesalis, C. (2005). Pursuit of the muscular ideal: Physical and psychological consequences and putative risk factors. *Clinical Psychology Review*, 25 (2005). 215–239.
- Cresswell, J. (2013). *Qualitative inquiry in research design: Choosing among five approaches*. Thousand Oaks, CA: Sage Publications.
- Crosnoe, R. (2007). Gender, obesity and education. *Sociology of Education*, 80 (July), 241–260.
- Eisenberg, M., Neumark-Sztainer, D., & Story, M. (2003). Associations of weight-based teasing and emotional well-being among adolescents. *Archives of Pediatrics & Adolescent Medicine*, 157, 733–738.
- Evans, J., & Rich, E. (2011). Body policies and body pedagogies: Every child matters in totally pedagogised schools? *Journal of Education Policy*, 26(3), 361–379.
- Fox, C., & Farrow, C. (2009). Global and physical self-esteem and body dissatisfaction as mediators of the relationship between weight status and being a victim of bullying. *Journal of Adolescence*, 32, 1287–1301.

- Gard, M., & Wright, J. (2005). *The obesity epidemic: Science, morality and ideology*. London, England: Routledge.
- Greenleaf, C., & Weiller, K. (2005). Perceptions of youth obesity among physical educators. *Social Psychology of Education, 8*, 407–423.
- Greenleaf, C., Martin, S., & Rhea, D. (2008). Fighting fat: How do fat stereotypes influence beliefs about physical education? *Obesity, 16*, S53–S59.
- Grogan, S. (2008). *Body image: Understanding body dissatisfaction in men, women and children*. New York, NY: Routledge.
- Haines, J., Neumark-Sztainer, D., & Thiel, L. (2007). Addressing weight-related issues in an elementary school: What do students, parents, and school staff recommend? *Eating Disorders, 15*(1), 5–21.
- Holt, K. E., & Ricciardelli, L. A. (2008). Weight concerns among elementary school children: A review of prevention programs. *Body Image, 5*(3), 233–243.
- Hutchinson, M., & Calland, C. (2011). *Body image in the primary school*. New York, NY: Routledge.
- Kater, K., Rohwer, J., & Londre, K. (2002). Evaluation of an upper elementary school program to prevent body image, eating, and weight concerns. *Journal of School Health, 72*(5), 199–204.
- Kehler, M., & Atkinson, M. (2010). (Eds.). *Boys' bodies: Speaking the unspoken*. New York, NY: Peter Lang Publishing.
- Kostanski, M., Fisher, A., & Gullone, E. (2004). Current conceptualization of body image dissatisfaction: Have we got it wrong? *Journal of Child Psychology and Psychiatry, 45*, 1317–1325.
- Kostanski, M., & Gullone, E. (2007). The impact of teasing on children's body image. *Journal of Family Studies, 16*, 307–319.
- Levin, B. (2008). *Thinking about knowledge mobilization*. Paper presented at an invitational symposium sponsored by the Canadian Council on Learning and the Social Sciences and Humanities Research Council of Canada (15–18).
- Levine, M., & Smolak, L. (2009). Recent developments and promising directions in the prevention of negative body image and and disordered eating in children and

- adolescents. In L. Smolak & K. Thompson (Eds.), *Body image, eating disorders and obesity in youth: Assessment, prevention and treatment* (pp. 215–239). Washington, DC: American Psychological Association.
- Lichtman, M. (2012). *Qualitative research in education: A user's guide*. 3rd ed. Los Angeles, CA: Sage Publications.
- McVey, G., Tweed, S., & Blackmore, E. (2004a). Dieting among preadolescent and young adolescent females. *Canadian Medical Association Journal*, *170*(10), 1559–1561.
- McVey, G., Tweed, S., & Blackmore, E. (2004b). How children see themselves. *Canadian Medical Association Journal*, *171*(9), 1025.
- McVey, G., Gusella, J., Tweed, S., & Ferrari, M. (2009). A controlled evaluation of web-based training for teachers and public health practitioners on the prevention of eating disorders. *Eating Disorders*, *17*, 1–26.
- Mowat, D., Gardner, C., McKeown, D., & Tran, N. (2014). Improving health by design in the greater Toronto-Hamilton area: A report of the medical officers of health in the GTHA. Retrieved from Simcoe Muskoka Health website: http://www.simcoemuskokahealth.org/JFY/OurCommunity/healthyplaces/MOHreport_copy1.aspx
- National Eating Disorders Information Centre (NEDIC). (2002). Body Image puppet project: Phase 1 report (unpublished study). Toronto, ON: NEDIC.
- Neumark-Sztainer, D., Falkner, N., Story, M., Perry, C., Hannan, P.J., & Mulert, S. (2002). Weight-teasing among adolescents: correlations with weight status and disordered eating behaviors. *International Journal of Obesity Related Metabolic Disorders*, *26*(1), 123–131.
- Neumark-Sztainer, D., Paxton, S., Hannan, P., Haines, J., & Story, M. (2006). Does body satisfaction matter? Five-year longitudinal associations between body satisfaction and health behaviors in adolescent females and males. *Journal of Adolescent Health*, *39*(2006), 244–251.
- Nutbeam, D. (2000). Health literacy as a public goal: A challenge for contemporary health education and communication strategies into the 21st century. *Health Promotion International*, *15*(3), 259–267.

- O'Brien, K.S., Hunter, J.A., & Banks, M. (2007). Implicit anti-fat bias in physical educators: Physical attributes, ideology and socialization. *International Journal of Obesity*, 31, 308–314.
- Peterson, J., Puhl, R., & Luedicke, J. (2012). An experimental assessment of physical educators' expectations and attitudes: The importance of student weight and gender. *Journal of School Health*, 82(9), 432–440.
- Piran, N. (2004). Teachers: On “being” (rather than “doing”) prevention. *Eating Disorders: The Journal of Treatment and Prevention*, 12(1), 1–9.
- Prevnet. (2012). Bullying facts. Retrieved from Prevnet website: <http://www.prevnet.ca/bullying>.
- Puhl, R., & Luedicke, J. (2012). Weight-based victimization among adolescents in the school setting: Emotional reactions and coping behaviors. *Journal of Youth and Adolescence*, 41, 27–40.
- Puhl, R., Luedicke, J., & Heuer, C. (2011). Weight-based victimization toward overweight adolescents: Observations and reactions of peers. *Journal of School Health*, 81(11), 696–703.
- Raphael, D. (Ed.). (2009). *Social determinants of health: Canadian perspectives*. Toronto, ON: Canadian Scholars' Press.
- Rice, C. (2007). Becoming “the fat girl”: Acquisition of an unfit identity. *Women's Studies International Forum*, 30, 158–174.
- Smolak, L. (2004). Body image in children and adolescents: Where do we go from here? *Body Image*, 1(2004), 5–28.
- Smolak, L. (2009). Risk factors in the development of body image, eating problems, and obesity. In L. Smolak & K. Thompson (Eds.), *Body image, eating disorders and obesity in youth: Assessment, prevention and treatment* (pp. 135–137). Washington, DC: American Psychological Association.
- Smolak, L., Harris, B., Levine, M., & Shisslak, C. (2001). Teachers: The forgotten influence on the success of prevention programs. *Eating Disorders*, 9, 261–265.
- Smolak, L., & Thompson, K. (2009). Body image, eating disorders, and obesity in children and adolescents: Introduction to the second edition. In L. Smolak & K.

- Thompson (Eds.), *Body image, eating disorders and obesity in youth: Assessment, prevention and treatment* (pp. 3–14). Washington, DC: American Psychological Association.
- Statistics Canada. (2009). Leading causes of death in Canada. Retrieved from Statistics Canada website: <http://www5.statcan.gc.ca>.
- Thomson, D.C., & Robertson, L. (2012). Health curriculum policy analysis as a catalyst for educational change in Canada. *Journal of Education and Learning, 1*(1), 129–144.
- Tiggemann, M. (2011). Sociocultural perspectives on human appearance and body image. In T. Cash, & L. Smolak, L. (Eds.), *Body image: A handbook of science, practice, and prevention* (2nd ed., pp. 12–20). New York, NY: The Guilford Press.
- Tillman, T., Kehle, T., Bray, M., Chafouleas, S., & Grigerick, S. (2007). Elementary school students' perceptions of overweight peers. *Canadian Journal of School Psychology, 22*(1), 68–80.
- Wild, L., Fisher, A., Bhana, A., & Lombard, C. (2004). Associations among adolescent risk behaviours and self-esteem in six domains. *Journal of Child Psychology and Psychiatry, 45*(8), 1454–1467.
- Yager, Z., & O'Dea, J. A. (2005). The role of teachers and other educators in the prevention of eating disorders and child obesity: What are the issues? *Eating Disorders, 13*, 261–278.