



Body Image Dis/satisfaction Within the School Context

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I have devoted much of my time to better understanding the construction of body image dis/satisfaction among children and youth due to my experiences as an elementary educator and as someone who has lived through an eating disorder. More specifically, when I was in my late teens I was diagnosed with anorexia nervosa. As a young girl of colour, having an eating disorder was something with which I did not identify as the depictions I had seen in the media were always the stereotypical “eating disorder patient” (e.g., “thin, White, middle-to-upper class, cisgender, heterosexual, young girl[s]” (LaMarre, Rice & Jankowski, 2017, p. 3). My experiences recovering from an eating disorder in a hospital program, which I was privileged enough to access, and

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teaching in schools across Alberta have dismantled any and all notions of the “eating disorder patient” trope that I had internalized and is so widely portrayed in society. I have come to learn that eating disorders do not discriminate – people of all skin colours, class status, sexual orientations, and genders are affected. This is one of the many reasons I have found it particularly useful to use an intersectional feminist lens and critical body-equitable health approach to analyze body image dis/satisfaction among children

and youth. My research and studies have focused on the experiences of young girls because it is especially connected to my own experience, and people who identify as women and girls represent the majority of eating disorder diagnoses (Walcott, Pratt & Patel, 2003). That said, there is a growing body of evidence that eating disorders are experienced at extremely high rates among gender non-conforming folks as well (Sequeira et al., 2017, para. 1).

First off, I have been drawn to intersectional feminism, which is grounded in the distinguished legacy of Black feminist thought, because it allows for an analysis of how young girls navigate structural systems in schools and beyond while also considering how their different lived experiences shape them. An intersectional lens creates space to consider how the interplay of factors such as gender, race, class, dis/ability, body size, and religion, to name a few, construct students’ embodied experiences. Not only this, but “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) are important aspects that are considered in my intersectional feminist work with students. This is to ensure a scope of analysis that supports a “multidimensional analysis of how power operates” (Dhamoon, 2011, p. 233) in regards to student experiences.

In turn, “critical body-equitable health approaches” is a term I coined to encompass facets of body equity, which supports the notion that health is complex, and of critical

health literacy, which considers social and environmental determinants of health (Nutbeam, 2000). More specifically, body-equitable concepts are useful to convey that health can be determined by a multiplicity of factors, such as genetics and the environment in which one's early development occurs, but these concepts can be enriched

“...body-equitable concepts are useful to convey that health can be determined by a multiplicity of factors, such as genetics and the environment in which one's early development occurs, but these concepts can be enriched with the structural lens that critical health literacy offers, such as understanding that people have different financial and geographic access to specific foods.”

with the structural lens that critical health literacy offers, such as understanding that people have different financial and geographic access to specific foods. Using such approaches together, it becomes clear where simplistic, dominant narratives of health are reinforced and where they are challenged in health and physical education (HPE) curricula across Canada. In this article, I will discuss two important issues for educators and broader school systems at large to understand – 1) conflicting messages of health and 2) the need for harassment-free spaces. In doing so, I will discuss the harm that results from combining HPE approaches that fundamentally do not align and different forms of body-based harassment in schools. I will then outline takeaway points for readers. My hope is for this article to offer new ways of creating institutional change within schools and broader systems at large.

ADDRESSING CONFLICTING MESSAGES OF HEALTH

The dominant narrative of health currently pervading schools across Canada is “obesity” prevention (Robertson & Thomson, 2012), with childhood “obesity” at the forefront of public concern. At a surface level, it may seem beneficial for young students, but it is problematic for many reasons. For one thing, it encourages personal responsibility over

health, shifting responsibility away from institutions and school systems and onto individual students (Robertson & Scheidler-Benns, 2016). Secondly, it has been evidenced to cause mental and physical distress among students (Robertson & Scheidler-Benns, 2016). Consider, for example, how messages of anti-“obesity” support the notion that “fat” is bad, shape/size determines health and that health can be achieved through individual behavioural changes (Robertson & Thomson, 2012). These simplistic and individualistic forms of health messaging can put pressure on young girls to self-govern their bodies and does not account for systemic barriers to health (Robertson & Scheidler-Benns, 2016). Consequently, young girls become susceptible to “weight bias, stigma, low self-esteem, disempowerment, and eating disorders” (Robertson & Scheidler-Benns, 2016, p. 163).

Anti-“obesity” messaging shows up in HPE curricula in the form of learning outcomes that emphasize personal responsibility for health, BMI, calories, body-monitoring, tracking food or exercise, and labeling specific foods as “good” or “bad” (Robertson & Thomson, 2012). Scholars such as Lorayne Roberston (2014) have argued that these simplistic notions of health can be countered with body-equitable approaches that support the notion that health is

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complex and good health can be observed within a broad range of different shapes/sizes. Body-equitable approaches are a wonderful starting point for making curricular changes to HPE, specifically when they encompass social determinants of health and reinforce the need for collective, systemic change. Some curricula currently in place are evidently designed with “obesity” prevention in mind, with simplistic, anti-“obesity” approaches to health appearing alongside complex and nuanced critical body-equitable health approaches within curriculum documents. As a result, young girls in Canada are adopting conflicting narratives of health, which scholars have argued leads to confusion and encourages body distress (LaMarre, Rice

& Jankowski, 2017). To illustrate, students may have a hard time comprehending that people can be healthy at different sizes while also being taught that their health is dependent on their weight and individual behaviours, such as how much “junk food” they eat in relation to how much they exercise. And, students who are taught that specific food is “good” or “bad” may infer they are therefore “good” or “bad” for eating it (Khakh, 2020). Curricular outcomes such as “analyze personal eating behavior – food and fluids – in a variety of settings” (Alberta Education, 2002, p. 7) encourage self-monitoring behaviours that support such thinking and neglect 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 & Scheidler-Benns, 2016, p. 169).

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Overall, combined approaches of body equity and anti-“obesity” cause more harm than good. Moving forward, I suggest replacing all current HPE learning outcomes that reflect notions of anti-“obesity” with outcomes that align more appropriately with critical body-equitable health approaches in order to mitigate current confusion and body distress among students. This can be as simple as revising an outcome such as “describe and chart individual fitness changes as a result of engaging in physical activity” (Alberta Education, 2000, p. 19) to state, “describe how moods and feelings may be positively affected as a result of engaging in physical activity.” A simple change such as this shifts the emphasis away from self-monitoring to acknowledging the social and emotional benefits of physical activity. Better yet, the learning outcomes could be expanded to include “describe the different levels of access people have to different forms of physical activity”, creating opportunities for students to think about intersectional complexities and systemic barriers to health and physical activity.

BODY-BASED HARASSMENT

Many young people are targets of different forms of body-based harassment, defined by scholars June Larkin and Carla Rice (2005) as “all derogatory or objectifying

comments directed towards a [person's] body” (p. 220), and includes, but is not limited to, sexual, verbal, and racial teasing. Body-based harassment is essential to consider in

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the school context as it has been identified as a contributor to the development of body image disturbance. However, it is often overlooked in HPE curriculum despite being a key area of concern in regards to the construction of body image dis/satisfaction among young people (Larkin & Rice, 2005). Additionally, it is important to note that young girls of colour are more likely to experience body-based harassment in the form of racial teasing because classrooms are diverse spaces, which should be reflected in curricular outcomes. In fact, between the years of 2006-2011, there were approximately 223,276 newcomer students 14 years and younger being welcomed into Canadian classrooms (Statistics Canada, 2018). Research has indicated that newcomer girls often feel pressured to “fit in” and conform to North American norms of ideal body weight, size/shape, and food choices (Larkin & Rice, 2005). Consequently, newcomer and young girls of colour may not only develop disordered eating behaviours, but also feel the desire to engage in other appearance modification practices

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(Larkin & Rice, 2005). These practices may involve altering ethnically distinctive features that are targets of teasing, such as “skin colour, hair texture, cultural dress, and other stereotypical notions of racialized bodies” (Larkin & Rice, 2005, p. 227). Thus, in order to fully understand body image dis/satisfaction among young girls, an intersectional analysis that is inclusive of their different embodied experiences must be considered.

So, how do educators and/or school boards address and eliminate the different forms of body-based harassment that different students may encounter? As a starting point, scholars have argued for school-level policy changes that are inclusive of issues related to body-based harassment (Rice, 2014). That said, such policies will fall short if not incorporated into curricular documents and supplemented with broader discussions about processes and systems of domination (e.g., racialization, gendering, sexism, and sizeism) (Dhamoon, 2011). I argue that it is not only important for educators to facilitate such conversations with students, but to encourage systemic change as well.

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Additionally, there is an overwhelming need for young girls to have their own collective spaces where they feel supported by one another and can nurture the self-esteem to facilitate social change where they deem it necessary (Khakh, 2020). For example, collective spaces could take the form of “girls clubs,” where girls can share their lived experiences and begin to mobilize against issues such as racial teasing, sexism, and other injustices. Such activity could help ensure that the embodied experiences of students are not generalized or ignored. Collective spaces have the potential to galvanize further initiatives, such as mentorship programs, and have the potential to be very impactful for young girls in Canadian school systems.

CONCLUSION

Considering where some of the problems lie within school systems, I find it possible to provide concrete recommendations for schools that have the potential to mitigate body image dissatisfaction among students from a structural, systematic level:

1. alter simplistic, anti-“obesity” messages in HPE curriculum documents to mirror critical body-equitable health approaches instead;
2. install body-based harassment school policies, specifically in relation to racial teasing, that are complemented with broader discussions on “categories of difference (e.g., race and gender)” (Dhamoon, 2011, p. 233), “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); and
3. to avoid contributing to the erasure of student’s different lived experiences, work to ensure that young girls have access to collective spaces to engage in social action.

The recommendations that I have offered are valuable ways to begin making changes within school systems in order to mitigate body image dissatisfaction among young girls. It is important to stress that the onus for social transformation and change should not lie on the individual student or educator, but on school systems themselves. Only then will true change will be galvanized.

REFERENCES

1. Alberta Education. (2000). *Physical Education*. Retrieved from <https://education.alberta.ca/media/160191/phys2000.pdf>
2. Dhamoon, R. (2011). Considerations on mainstreaming intersectionality. *Political Research Quarterly*, 64(1), 230-243.
3. Khakh, A. (2020). *An intersectional feminist analysis towards student body image dis/satisfaction in Alberta schools* [Master's thesis, University of Alberta]. Education and Research Archive. <https://doi.org/10.7939/r3-f71w-8729>
4. LaMarre, A., Rice, C., & Jankowski, G. (2017). Eating disorder prevention as biopedagogy. *Fat Studies*, 6(3), 241-254. doi: 10.1080/21604851.2017.1286906
5. Larkin, J., & Rice, C. (2005). Beyond “healthy eating” and “healthy weights”: Harassment and the health curriculum in middle schools. *Body Image*, 2, 219-232.
6. 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.
7. Robertson, L. (2014). Body equity – a concept long overdue. *National Eating Disorder Information Centre Bulletin*, 29(4).
8. 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
9. 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.
10. 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
11. 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>
12. 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.



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