Adolescent Motherhood
and Food- and Body- Related Anxieties:
At the Crossroads of Maternal Obligation and Teenage Uncertainty

by
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B.A. (Women’s Studies & Political Science), University of British Columbia, 2006

Thesis Submitted in Partial Fulfillment
of the Requirements for the Degree of
Master of Arts

in the
Department of Gender, Sexuality, and Women’s Studies
Faculty of Arts and Social Sciences

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SIMON FRASER UNIVERSITY
Spring 2012

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Abstract

North American adolescent girls have tremendous anxieties about food and their bodies. But what form do these anxieties take when adolescence overlaps with motherhood? One-on-one semi-structured interviews with 10 teenaged mothers were conducted in the Lower Mainland of British Columbia and voice-centred methodology was used to analyze interview transcripts. Stretch marks, weight gain, and change in breast shape from breastfeeding were cited as reasons for corporeal distress. Some participants desired a return to their ‘skinnier’ selves. While participants were able to express frustrations with their bodies, they had difficulty identifying the social context that gives rise to these concerns. Acquiescence, resistance, and contradiction are the three keys ways teen mothers engaged with dominant discursive constructions about eating and the body. To stem the tide of body and eating anxieties, schools with teen mom programming could add a body image component to the curriculum, employing a ‘Health at Every Size’ approach.

Keywords: feminism; body image; eating disorders or disordered eating; adolescent mothers; adolescent health; voice-centred methodology
To my mom, dad, and brother for their love and support.

To my love, Charlie. You are a good one.
Acknowledgements

I would like to thank Dr. Marina Morrow for supervising this Master’s thesis. You have been so patient and kind. You have also taught me a great deal about this process!

Thank you to Dr. Rochelle Tucker for planting the seed for this thesis project. My thesis would not be possible without Dr. Tucker or the Adolescent Voices on Eating (AVE) Project.

Thank you to Dr. Valorie Crooks, my secondary supervisor, for your intelligent insights and help in this process as well. Thank you to Kathryn Hunter, from the department of Gender, Sexuality, and Women’s Studies, for your patience in responding to my questions. Thank you to Dr. Catherine Murray for overseeing my thesis proposal defence and thesis defence. Thank you to Dr. Özlem Sensoy for offering to be my External Examiner.

I am very grateful to work with such inspiring, intelligent women.

Thank you to those who assisted me in finding the participants.

Last, but certainly not least, a huge thank you to all the teen mothers who participated in this project. Thank you for your stories. I have learned so much.
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Chapter 1: Introduction

Why Teen Moms and Eating- and Body-Related Anxieties?

There is little dispute that adolescent girls living in North America have tremendous anxieties about food and their bodies due to wider social relations. But what dimensions do these anxieties take when adolescence and motherhood experiences overlap? Using qualitative interviews and voice-centred methodology, my research explored adolescent mothers and their food- and body-related anxieties in the Lower Mainland of British Columbia. My research questions asked:

• How do adolescent mothers talk about food and their bodies? What thematic trends emerge in their narratives and what can they tell us about existing ideologies, social relations, social stigma, and the personal challenges faced by these young mothers?

• Do adolescent mothers ever ‘opt-out’ of anxiety/negative discourses towards food and the body? What ideological and thematic trends emerge in their narratives?

• How can adolescent mothers’ stories provide inspiration for intervention models and public policies that will empower teenage mothers who struggle with food- and body-related anxieties, and that will alleviate the systemic barriers which give rise to these struggles in the first place?

My research reveals the complexity of the lives of adolescent mothers and the many challenges they face living in a culture that promotes thinness and devalues

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1 I am using the concepts ‘teenager’ and ‘adolescence’ interchangeably. I define ‘adolescent’ and ‘teenager’ as those aged 13 through 18. In British Columbia, those 19 and over are considered adults because they are part of the age of majority. Within this geographical context, I exclude the age of 19 from my definition. My definition commences at age 13 because this is when this life stage begins, according to conventional understandings. However, I am also aware that the concepts of teenager and adolescence are socially constructed.

2 By ‘North America’, I mean Canada and the United States.

3 Though the notion of ‘anxiety’ is built into my thesis topic, I will also be cautious not to assume that these experiences necessarily apply to all the study participants.
fatness. The three primary ways in which the participants in my research interacted with dominant discourses about eating and the body is best captured by the following key concepts: acquiescence, contradiction, and resistance. As such, my study contributes to the limited literature that already exists on the topic of adolescent mothers’ eating and body image by adding nuance to our understanding of it. Existing studies qualify adolescent mothers’ attitudes towards their bodies as either positive or negative. My study argues that their understandings of and relationships to their bodies and body image are far more multilayered than that.

In this chapter, I highlight why it is important to do research on adolescent mothers and eating- and body- related anxieties. I explore the types of studies that already exist about this particular group more generally, and what types exist about this demographic in relation to eating and the body more specifically. I demonstrate exactly how my research is distinct from other research related to eating and the body, and how it will add to this knowledge. In chapter 2, I situate the experiences of the participants in this study within a broader historical, social, political, and economic setting in order to add context to their narratives. In chapter 3, I explore my study objectives, my methodology and theoretical framework, my recruitment strategy, and my data collection and analysis strategies. I also review possible dilemmas arising from my research methods. In chapter 4, I report the findings I have generated from the interviews by applying voice-centred research methodology. Finally, in chapter 5, I look at the implications of these findings for future research, policy, and programming.

There are many reasons for focusing on this demographic. For instance, while teen mothers have, as a group, been the subject of an abundance of research, their experiences with body image have been comparatively underexplored. There have been myriad studies conducted about teenage motherhood in relation to issues such as: postpartum depression (Chen, 1996; Secco et al., 2007; Troutman & Cutrona, 1990), socioeconomic status (Geronimus & Korenman, 1992; Markovitz, Cook, Flick & Leet, 2005), behavioural and health outcomes of their children (Brooks-Gunn & Furstenberg, 1986; Papas, Hurley, Quigg, Oberlander, & Black, 2009; Spieker, Larson, Lewis, Keller, & Gilchrist, 1999), violence (Lindhorst & Oxford, 2008; Milan, Lewis, Ethier, Kershaw & Ickovics, 2005), and pregnancy prevention (Coley & Chase-Lansdale, 1998; Nitz, 1999). Many of these studies use quantitative methods, and are reported from the perspective
of ‘experts’. For example, Secco et al.’s (2007) research uses secondary multiple regression analysis to determine factors affecting postpartum depressive symptoms of adolescent mothers. The authors of this study are ‘experts’ in the area of public health; the perspectives of the girls themselves are not given voice.

There have also been fascinating critical studies which shed light on the social construction of adolescent motherhood, which deconstruct the ‘problem’ status often accorded to this socially maligned population (Arney & Bergen, 1984; Cherrington & Breheny, 2005; Macvarish, 2010). But again, none of this literature grapples specifically with adolescent mothers, food, and body image. Additionally, while there are studies of contemporary cultural constructions of women’s pregnant and post-pregnant bodies (Dworkin & Wachs, 2004; Jette, 2006; Longhurst, 2005), as well as the ways in which mothers influence their daughters’ body image (Clarke & Griffin, 2007; Nichter, 2000) and the ways mothers feel about their bodies postpartum (Rallis, Skouteris, Wertheim, & Paxton, 2007), there is scant research on how adolescent mothers – as a particular demographic – feel about, and manage, their bodies from pregnancy onwards.

The physiological changes brought on by adolescent motherhood compared to adult motherhood may heighten body image concerns amongst adolescent mothers. According to two studies, adolescents tend to gain more weight during pregnancy than adults and may be ‘at risk’ for postpartum weight retention (Hediger, Scholl, Ances, Belsky & Salmon, 1990; Howie, Parker & Schoendorf, 2003). Since weight gain or the looming fear of weight gain is a concern harboured by a vast number of girls and women living in North America (Bordo, 1993), this suggests that increases in weight during pregnancy and post-pregnant periods will invariably cause anxieties in at least a sizeable segment of this population. My study takes a critical approach to the notion that adolescent motherhood is necessarily a sign of social decay (e.g. adolescent and female sexuality, marriage out of wedlock, a ‘burden’ to the state’s financial coffers, etc.) and explores the ways this social category has been historically produced by those in positions of power (Wilson & Huntington, 2006).

This topic is also worthy of exploration because most existing research on or related to it indicates that body image distress does, indeed, figure into the daily lived realities of adolescent mothers or mothers-to-be. However, few studies on the issue of
adolescent mothers’ food- and body-related anxieties exist, and those that have been done do not centre the voices and experiences of adolescent mothers; others are no longer current, dating back to the 1990s.

Stenberg and Blinn (1993) attempted to directly consult teenage mothers through their recorded thoughts. They explored the attitude changes over time towards self and body image of 14 pregnant adolescents participating in school-based programs. In order to understand the participants’ changes in mindset, the scholars conducted content analysis of the pregnant teens’ diary entries. They found that teenage mothers have as difficult a time adjusting to changes in their bodies as adult mothers.

In another related study, which yielded contrasting results, Matsuhashi and Felice (1991) set out to compare the body perceptions of pregnant teens with peers who were not, and had never been, pregnant. Forty-three pregnant girls in their final trimester were matched by age, race, socioeconomic status, and pubertal development to forty-three non-pregnant girls. Subjects were asked to respond to a self-administered questionnaire with 100 self-descriptive statements that were split into nine subscales. When compared with never-pregnant girls, the pregnant girls had more positive feelings towards their bodies, higher self confidence, a stronger self-identity, and felt more productive as family members, but appeared limited in their capacity for self-criticism.

Two other related studies suggest that body image plays a significant role in the lives of adolescent mothers and this means that my thesis topic warrants further attention. Hellerstedt and Story (1998) conducted focus groups with 22 adolescent mothers about their experiences with postpartum contraceptive use and body weight concerns. Two main concerns related to contraceptive use emerged from the interviews: dissatisfaction with heavier-than-desired body weights and resignation about

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4 In order to find out the type of research that exists on this topic, I used Google Scholar and Academic Search Premier to locate academic articles. The search terms used, “adolescent moms”/ “teen moms”/ “adolescent mothers”/ “teenage mothers”/ “teenage moms”/ “young moms”/ “young mothers” combined with each of these search terms, “body image”/ “body hatred”/ “body”/ “bodies”.
not returning to pre-pregnancy weight. Birkeland (2003) conducted a quantitative investigation of factors that might explain depressive symptoms in teenage mothers and found that a combination of body image dissatisfaction and eating disturbance was a significant predictor of depressive symptoms. It is noteworthy that Matsuhashi and Felice’s (1991) findings contradict the findings in the three other studies related to body image. This foreshadows the dissonant views captured in the narratives of my research that are best understood through the themes of acquiescence, resistance, and contradiction I broached earlier.

My thesis is distinct from Stenberg and Blinn’s (1993) study because it explores the experiences of adolescent mothers who have already delivered their babies, rather than the experiences of pregnant teens in their study. It is also different in its data collection method: I explore adolescent mothers’ body image through one-on-one interviews rather than through written diary entries. My scholarship is different from Matsuhashi and Felice’s (1991) scholarship because not only does it involve a slightly different demographic (teens who already have one child as opposed to teen mothers to be), but because it tries to understand body image anxieties by using a qualitative, and not quantitative, approach. My thesis explores how anxieties manifest themselves in narrative and the ways in which study participants discursively construct issues of body image and eating. It is different from Hellerstedt and Story’s (1998) qualitative study since my study consists of one-on-one interviews, with a focus on eating and body image, and not contraceptive use. Further, while body weight concerns did emerge in my data, my thesis has a broader focus on body image. It is different from Birkeland’s (2003) study because of its qualitative nature and topical focus.

All of these studies suggest that body anxieties are a salient part of many adolescent mothers’ experiences, both during pregnancy and after giving birth. My research has tremendous implications for adolescent health and wellness because it could inform how public health and state institutions discursively construct and interact with teen mothers in regards to body image and other health- and wellness- related matters.

Further, given that teenage mothers experience more weight gain during pregnancy and increased likelihood for postpartum weight retention than adult mothers,
and both food and body image are relevant issues for most North American women and girls regardless of age or maternal status, it is imperative that we develop knowledge about adolescent motherhood, and its attendant food and body related anxieties from the perspectives of this distinct group themselves. These understandings can contribute to a much broader discussion on designing public health policies and programs related to health and body image that empower, rather than pathologize, this population.

Further, most studies centre expert discourses (e.g. public health, psychology, medical, mainstream media) that rarely, if ever, include an explicit account of the role of gender as an important factor in shaping the contexts in which adolescent mothers find themselves (see Brooks-Gunn et al., 1986; Chen, 1996; Markovitz et al., 2005; Geronimus et al., 1992; Lindhorst et al., 2008; Milan et al., 2005; Nitz, 1999 & Coley et al., 1998: Secco et al., 2007; Spieker et al., 1999; Troutman et al., 1990).

In stark contrast to these conventional studies, my research does not centre expert discourses. It will add to the extremely limited body of knowledge that already exists on adolescent mothers and their body image by exploring, in much greater depth, the relationship between adolescent mothers with food and their bodies in BC’s Lower Mainland. These narratives will hopefully uncover new ground and further feminist goals towards body acceptance and social justice.

Thus, given that: (i) there has been very little research conducted in this area across disciplines both quantitatively and qualitatively; (ii) adolescent mothers deal with a particular set of circumstances that sets them apart from both ‘normal’ adolescents and from adult mothers, and that this is likely to affect their attitudes towards food and their bodies; (iii) most insight into the situations of adolescent mothers is drawn solely from the perspective of ‘experts’; and (iv) there is strong reason to believe that adolescent mothers will experience anxieties around food and body image, my research will break new ground on this little known and important topic.

My next chapter will explore the social and political context of adolescent mothers’ experiences in North America more broadly, and in British Columbia more particularly.
Chapter 2: Contextualizing Teen Mothers’ Experiences

In this chapter, I want to situate the experiences of adolescent mothers within a broader discursive as well as political and social milieu in North America - to pull the lens back and offer some context to the narratives of the participants in my study using a critical feminist intersectional approach (Collins, 2000; Collins & Andersen, 2010; Crenshaw, 1991; Weber, 2001, 2010). My decision was to focus on North America rather than only Canada because of the political, cultural, and social commonalities between the two countries.

I would like to begin the chapter by exploring teen pregnancy rates in both Canada and the US, as well as through the lens of race and ethnicity more specifically. I chose to use this lens because there are noticeable differences in the rates of teenage pregnancy among different racial and ethnic communities in North America; I wanted to explore the reasons for these discrepancies and how they might intersect with issues of racism and classism. I follow this with a discussion highlighting the shifting discursive frames that have been used to understand adolescent pregnancy in North America, beginning with moral and public health discourses. I also look at how adolescent mothers have been constructed as threats to society, and explore alternative discourses – for instance, ones that suggest teen motherhood is not a mistake but an “adaptive practice”. I will conclude the chapter by exploring the relationship between adolescent mothers and the state with a focus on education.

The Numbers

In the US, rates of teenage motherhood reached their peak in the period of the 1940s through to the 1960s. In subsequent decades, there was a steep decline in adolescent pregnancies (Boonstra, 2002). Canada emulated these declining trends in the latter half of the century. According to a Health Canada Report “[s]ince 1974, when
Statistics Canada first started collecting such data, the teen pregnancy rate has declined from 53.9 per 1,000 population ages 15 to 19, to 32.1 in 2003. Although there was an upswing between 1988 and 1994, the rate has been on a downward trajectory for the last decade" (Hanes, 2007, para. 8). The US, which through most of the 1990s had the higher rate of births and abortions for girls under the age of 20, saw its rate drop from 103.6 in 1990 to 66.2 in 2002 (McKay, 2006, p. 161).\(^5\) Given that there have been simultaneous decreases in birth rates and rates of abortion since 1996 in the Canadian and US context, the decline in teen birth rates is attributable to the drop in teen pregnancy rates and not an increase in the number of abortions. This drop can be explained by the change in awareness among Canadian youth about the importance of using contraception; it also indicates that sex education has, in many ways, been an effective tool for pregnancy prevention (“Canada’s Teen Pregnancy”, 2010).

When we explore the numbers through the lens of race and ethnicity for both countries, we find pronounced differences in which communities are giving birth the most. In Canada, the First Nations population has more than double the rate of teen mothers than the non-First Nations population. Teenage childbearing is lower in white (6%) and non-white (9%) immigrant populations than the white Canadian-born population (11%) (Luong, 2008). In the US, Black women have the highest teen pregnancy rate (134 per 1000 women ages 15-19), followed by Hispanic women (131 per 1000) and non-Hispanic whites (48 per 1000) (Kost, Henshaw & Carlin, 2010). Since teen pregnancy tends to occur more commonly in poor communities (Young, Turner, Denny, & Young, 2004; Gender and Health, n.d.), it follows that teenage pregnancy is generally occurring more often in (generally) poorer, racialized communities. These trends are important because they demonstrate how race and

\(^5\) However, in 2006, the teen birth rate rose for the first year time since 1991. A report released by the Centers for Disease Control and Prevention (2007, para. 3) "shows that between 2005 and 2006, the birth rate for teenagers 15-19 years rose 3 percent, from 40.5 live births per 1000 females aged 15-19 years in 2005 to 41.9 births per 1000 in 2006. This follows a 14-year downward trend in which the teen birth rate fell by 34 percent from its recent peak of 61.8 births per 1000 in 1991". Despite the worry fueled by these statistics, this did not turn out to be a trend: teen birth rates resumed decline in 2009 (Ventura, S.J. & Hamilton, B.E., 2011).
class hierarchies function in both countries. This will be further explicated later in the chapter.

**The Production of an ‘Epidemic’**

Before the mid-1970s, the discourse of ‘teen pregnancy’ was not on the public radar in North America. The only time pregnant teenagers became a cause for public concern was when expecting teen mothers were unmarried. This patriarchal concern was not reserved only for females under 20, either. It applied to females across the age spectrum; having children out of wedlock was viewed as culturally and religiously blasphemous. To be married with children at 18 or 19, conversely, was considered a socially acceptable practice (Luker, 2000, para. 7).

According to Luker (2000), when Congress held the first of many hearings on the issue of adolescent fertility in 1975, expert witnesses talking about teen pregnancy introduced the anxiety-inducing vernacular of ‘epidemic’ and ‘11 million teenagers’ to the social conversation (para. 6). These discussions were coloured by the language of disease. Calling teenage pregnancy ‘epidemic’, for instance, had tremendous implications: it implied that there had been an ‘outbreak’ of teenagers getting pregnant, and that the general public ought to have been extremely alarmed.

The following year, the Alan Guttmacher Institute, a liberal think tank mandated to conduct research, policy analysis, and public education on pregnancy and childbearing, released the influential and policy changing paper, “11 Million Teenagers: What Can Be Done About the Epidemic of Adolescent Pregnancies in the US” (Lincoln, Jaffe & Ambrose, 1976). It should be noted here that an overwhelming two-thirds of the 11 million teenagers were 18 and 19 year olds; approximately 40 percent of them were married; and two-thirds of them had been married prior to pregnancy (Luker, 2000, para. 8). These figures add essential nuance to the attention-grabbing depiction of the Guttmacher Report’s “11 Million”.

While the Institute's approach to preventing teen pregnancy - via sex education campaigns, contraceptive use, and adolescent-friendly support services - was more realistic than conservative-driven abstinence-only campaigns, it nonetheless still framed teen parenthood as an undesirable outcome, and thereby stigmatized this large and
diverse demographic. By using the terminology of disease to interpret the issue of adolescent pregnancy, the Institute’s paper produced into fact the idea that teen pregnancy was tearing apart the fabric of American society, and needed to be rooted out through a host of measures. The discourse of ‘epidemic’ invaded public discourse around teenage pregnancy and fueled public disquiet on the subject.

In the US, Luker (2000) argues that rather than stemming from an actual worry over teen pregnancy and motherhood per se, the ‘epidemic’ and other moral panic-related discourses stemmed from another interlocking, but distinct, issue: the fact that increasing numbers of teenage girls were choosing to give birth out of wedlock (para. 11). This newfound reality proved to be upsetting to those in positions of authority - which was hardly surprising given that they perceived the patriarchal model of the nuclear family to be in jeopardy.

In 1985, a new federal office on adolescent pregnancy and parenting was formed by Congress. 23 US States set up task forces; media coverage of the topic surged; and teen pregnancy became a high priority funding item for American philanthropists. Further, a 1985 Harris poll revealed that most Americans considered teen pregnancy a serious national problem (Luker, 2000, para. 14). This sentiment was echoed in a Canadian study conducted early in the following decade. According to a 1992 public opinion poll, Canadians felt that unwanted teenage pregnancies was a “serious problem” (Bozinoff & Tucotte, 1992).

During the 1990s, teenage pregnancy was reframed less as a moral issue, and more as a public health issue in North America, requiring “public intervention” in the same way that cardiovascular disease, cancer, and mental health required it (Lawlor & Shaw, 2004, para. 1). Teen pregnancy was viewed through this particular lens because of research that suggested babies born to adolescent mothers were more likely to be born preterm, have a low birth rate, and die during the infancy period (Lawlor & Shaw, 2002, p. 552). However, this claim - though overwhelmingly accepted by political authorities as factual - is still contested within public health and epidemiological circles. Lawlor and Shaw (2002) report that studies regarding the issue of the health dangers posed by adolescent girls having children are far from substantive:
Studies which have aimed to address the underlying causes of these adverse outcomes—by controlling for additional factors—have produced conflicting results. Some suggest that adverse outcomes remain even after controlling for maternal socioeconomic position and other confounding factors, some find that age has no effect, whereas other studies report that once maternal socioeconomic position and smoking are taken into account young age is actually associated with better outcomes (p. 552).

In the US, abstinence only programs are part of the school curriculum, though in 2010 the Obama administration cut funding for them and shifted sex education towards a focus mostly on teen pregnancy prevention (Stein, 2010). In Canada, a general trend towards a more liberal approach towards sexual health means that sex education for children begins in elementary school. Teen pregnancy is viewed as a public health problem, but the trend is to opt for sex education intervention instead of abstinence only education, with some exceptions. Due in large part to this, Canada has lower rates of teen pregnancy than the United States, though these issues continue to be contested ideological terrain. In 2010, Ontario Premier Dalton McGuinty backed away from a 'controversial' sexual education curriculum after raising the ire of the religious right and ‘family groups’. The curriculum - which included discussions of homosexuality at grade 3 and masturbation in grade 6 - proved unpalatable to politically conservative segments of society. "It is unconscionable to teach eight-year-old children same-sex marriage, sexual orientation and gender identity," stated Charles McVety, head of the Canada Christian College. "It is even more absurd to subject sixth graders to instruction on the pleasures of masturbation, vaginal lubrication, and 12-year-olds to lessons on oral sex and anal intercourse" ("Sex ed opponents", 2010). These proposed sexual education strategies were meant in part to alleviate the 'public health problem' that had come to frame teen pregnancy. On the other hand, those calling for an abstinence only approach in the current context and discouraging sex education curricula on religious and ‘moral’ grounds partially reclaimed the issue from the public health realm back into a ‘moral’ one.

Even taking as given that teenage pregnancy is a problem to be avoided, since it disproportionately affects communities from particular racial, ethnic and class locations, using sex education as a prevention strategy may not be enough. While pregnancy prevention programs may be effective for certain segments of the adolescent population,
they may nonetheless be class- and race-blind ways of grappling with teen pregnancy. This approach may privilege ‘education’ but not address the social inequalities that give rise to teen pregnancy in particular racial and socioeconomic communities. Further, if these programs do not take a critical approach to conventional discursive understandings of teen motherhood, they risk re-stigmatizing this population and their experiences.

Feminist and other scholars critical of mainstream scholarship on adolescent motherhood have added a crucial layer to the discussion; they contend that raising the alarm around this issue has less to do with young motherhood and missed life opportunities per se, and more to do with sexism, racism, classism and neoliberalism. Their scholarship suggests that there are myriad reasons why it is within this historical moment - and not others - that adolescent pregnancy and motherhood would elicit such a hysterical, shrill response from neoliberal and conservative pundits and policy-makers (Cherrington & Breheny, 2005; Geronimus, 2003; Luker, 2000).

Critical scholars point to the constructedness of the perceived threat teenage mothers are said to pose to society. For instance, until the 1970s, adolescence was considered the optimal physiological time to give birth (Walker, MacGillivray & MacNaughton, 1976). A mother over 30, on the other hand, was considered a problem (Myles, 1968). It was only through political, economic, and social transformation - the changing roles of women in society for instance - that this notion was reversed: females under twenty became ill-suited to childbearing, and post-adolescent women were considered of ideal childbearing age since they were viewed as both physiologically and psychologically prepared to embark into motherhood, with all its emotional and financial challenges.

6 In the Canadian context, Aboriginal communities; and in the American context, African American and Latin-American communities.
Teen Mothers As ‘Threat’

Wilson and Huntington (2006) offer a cogent, sobering critique of the ways in which the issue of teenage motherhood has been discussed in public health and academic literature in the United States, New Zealand and the United Kingdom. They found that within existing literature on the topic there was a general tendency to draw a direct causality between adolescent motherhood and a range of negative outcomes. These perceived negative outcomes included: adverse obstetric outcomes, higher rates of poverty and/or curtailment of schooling, lower rates of workforce participation, increased welfare recipiency, a variety of poor outcomes for offspring, and countless other dire warnings. They argue that current studies and the ‘scientific’ methods they employ ultimately mask the ideological foundations which fuel anxieties around teenage pregnancies and motherhood in the first place. Since knowledge around adolescent motherhood is mediated through scientific measures, it comes to be known as a truthful reflection of reality that, in turn, influences public attitudes and policies towards this marginalized demographic. Deploying scientific measures ultimately helps conceal the ideological and political agendas that lurk behind these ‘scientific’ studies.

The authors argue:

[T]eenage mothers are vilified, not because the evidence of poor outcomes for teen mothers and their children is particularly compelling, but because these young women resist the typical life trajectory of their middle-class peers which conforms to the current governmental objectives of economic growth through higher education and increased female workforce participation (Wilson & Huntington, 2006, p.1).

The underlying political and ideological project of discouraging adolescent girls from becoming mothers at this stage in their lives is the desire to make them into ‘productive’ members of society, as defined in the neoliberal age8.

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8 According to many feminist scholars, the idea that mothers who stay at home and care for their children are not contributing to the economy is rooted in patriarchal ideology (see Waring, 1988).

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Duncan (2007) points out that assumptions surrounding the causal relationship between adolescent motherhood and economic hardship is not necessarily grounded in truth:

...[B]ecoming a young mother may not cause the poor outcomes – in terms of education, employment and income – experienced by many teenage mothers; rather both young motherhood, and poor outcomes, may be caused by pre-pregnancy social disadvantage. In this sense social disadvantage may ‘select’ particular young women, and men, to become teenage parents, and this disadvantage will continue post pregnancy. Teenage parenting may therefore be a part of social disadvantage, rather than its cause (p. 314).

In fact, some research has suggested that the social outcome repercussions of a mother’s age at delivery is often slight if any impact exists at all (Hoffman, 1998).

Furthering the thesis that ‘teen mother as threat’ narratives are politically constructed, Daguerre and Nativel (2006) argue that anxieties around teen motherhood were part and parcel of an attempt to police the ‘epidemic’ of single motherhood because it did not conform to the culturally privileged model of the nuclear family (p.32). On a related note, Luker (2000) suggests that in the US, more than concern over ‘babies having babies’, moral panic surrounding teenage pregnancy and motherhood also stems from anxiety over the fact that teenage mothers are more likely than adult mothers to have children out of wedlock:

What has been increasing -- and increasing dramatically -- is the percentage of teen births that are out-of-wedlock. In 1970 babies born out of wedlock represented about a third of all babies born to teen mothers. By 1980 out-of-wedlock births were about half; and by 1986 almost two-thirds. Beneath these overall figures lie important racial variations. Between 1955 and 1988 the out-of-wedlock rate rose from 6 to 24.8 per thousand unmarried, teenage, white women, while for unmarried, non-white teenagers the rate rose from 77.6 to 98.3 per thousand. In other words, while the out-of-wedlock birth rate was rising 25 percent among nonwhite teens, it was actually quadrupling among white teens (para. 11).

In other words, the threat that loomed large in the American conservative imagination was the image of the single mother; not only did they find single motherhood inherently disturbing, but so was the idea that mothers without spouses to support them would undoubtedly ‘steal’ from public coffers, needing to rely on social assistance.
The paradox and absurdity inherent to this moral panic is illustrated concisely by Wilson and Huntington (2006) as thus:

the focus on teen motherhood as an object of concern in the West has coincided with declining rates of teen birth. This suggests that the view of teenage motherhood as problematic is underpinned by changing social and political imperatives regarding the role of women in these countries (p. 1).

The overarching statistics - which demonstrate declining rates of adolescent pregnancy and birth rates- puts into context contemporary moral panic about teen pregnancy and motherhood. It highlights the historical contingency of this moral panic. It renders this panic unnecessary, and even illogical. This hysteria is misleading, associated less with reality and more with conservative, patriarchal ideology. Stanley Cohen’s (1973) explanation of the ‘moral panic’ phenomenon, in this context, is apt: “[a] condition, episode, person or group of persons emerges to become defined as a threat to societal values and interests” (p. 9). It becomes increasingly evident that dominant beliefs about adolescent mothers have, and continue to be, informed by regressive views on particular kinds of motherhood: for instance, unmarried, racialized, poor and working class forms of motherhood.

**Teen Motherhood as ‘Adaptive Practice’**

In the United States, Geronimus (2003) argues that a discussion of teen motherhood in relation to race and socioeconomic status is long overdue. In her cogent piece, “Damned if you do: culture, identity, privilege, and teenage childbearing in the United States”, she argues that due to the disproportionate social, economic, and political disenfranchisement of African Americans and Native Americans, and consequent health risks borne out of this oppression, these populations may find “early childbearing and multigenerational extended family norms to be adaptive practices” (p. 882). Instead of viewing teenage childrearing through the lens of pathology, she argues that having children at this age within these particular circumstances is not only an understandable approach, but a logical one.

While applying this perspective whole cloth to the Canadian experience would be unwise - though our countries have many political and cultural similarities, racial and
class hierarchies are perhaps mitigated by our universal health care system - it could still be used to apply to Canada’s Aboriginal population, which has more than double the rate of teenage mothers than the non-Aboriginal population. Aboriginal communities have higher rates of: chronic diseases such as diabetes; infectious diseases like tuberculosis; and suicide among youth. The life expectancies of First Nations men and women are considerably lower than the rest of the population. (Frohlich, Ross & Richmond, 2006). For these communities at least, Geronimus’ (2003) interpretations appear to be disquietingly apt.

Unlike in the United States however, in Canada, immigrant women (both white and non-white) are less likely to have children in their teen years than white, Canadian-born women. This is due to immigration policies that, according to Luong (2008), privilege immigrants with ‘educated’, ‘professional’ backgrounds; those with middle class and upper-middle class backgrounds often tend to postpone having children until after they are out of adolescence (para. 8). In the case of immigrant women, it appears that economic and cultural capital postpones the age of childbearing; whereas in Aboriginal populations, who still carry on their shoulders the legacies of colonialism - as well as the consequent racism and classism associated with this history - teenage motherhood is a much more common occurrence. Within this context, it is not difficult to see why teenage childbearing has become the logical step, or “adaptive practices” in otherwise destitute circumstances. Aboriginal populations in Canada, for instance, live an average of seven years less compared to the general population (Assembly of First Nations, 2011, p. 2). Given this unjust reality, getting started on parenthood earlier in these impoverished communities can be viewed as a perfectly reasonable decision.

Adolescent Mothers and the State

The US Context

In the North American milieu during the early 20th century, pregnant and mothering students were viewed as threats by the authorities, and banned from participating in the public school system. Their mere presence, it was believed, would “prompt discussions about sexuality” - conversations which were viewed as unsuitable for the ‘virgin’ ears of unmarried girls (Kelly, 2000, p.10). This stands in contrast to general societal acceptance of married teen motherhood. (Luken, 2000.) While evidence
suggests that some young mothers (already married) were enrolled into continuing adult schools quietly and without much controversy, providing classes for a group of unwed mothers was a concept still largely rejected within mainstream public opinion.

In the 1960s, the US government was recognizing the existence of pregnant teenagers and young mothers and at long last had this constituency in mind when designing public policy. However, programs designed for this population were hardly progressive, but predicated on the assumption that young mothers, mostly unwed, were in need of psychological and behavioural correction. As a result of federal policies and financial assistance, forty school-centred projects were conceived in the hopes of ‘rehabilitating’ pregnant, predominantly African American, school-aged girls - and mostly in the hopes of rooting out what were viewed as their moral shortcomings. These projects, while associated with the public school system, maintained the divide between pregnant and non-pregnant girls. Pregnant girls of school age had until then been prohibited from participating in regular classes (Kelly, p. 10).

In 1971, the United States Supreme Court presided over the ground-breaking case Ordway versus Hargraves. This was a civil action suit brought on by an unmarried, pregnant 18-year-old who was excluded from attending regular high school classes and demanded to be readmitted.

Her attempts were successful: the court ordered her readmission on the basis that:

(1) there was no showing of danger to her physical or mental health resultant from her attending classes during regular school hours; (2) nor was there any valid educational reason, or any other reason, which would justify her receiving educational treatment which was not equal to that given all other students in her class” (Massachusetts Department of Elementary and Secondary Education, para.18-19).

Ultimately the court deemed it illegal for schools to expel from regular classes students known to be pregnant. Congress passed Title IX of Educational Amendments of 1972, which became effective in 1975, making the expulsion of pregnant and mothering teens from public schools an illegal practice (Zellman, 1981). The legislation
mandated opportunity for all female students, including school-aged mothers, affirming that education is a right to which all genders - with or without children - are entitled.

From a social justice and inclusionary perspective, it was a step forward for teen mothers. It expressly prohibited the exclusion of students from their education program or any extracurricular activity on the basis of pregnancy, parental status, marital status; schools that didn’t comply could lose federal funding. While the violation of Title IX persists today, it went some way towards de-stigmatizing teen mothers and treating them as equals under the law, and especially in educational policy.

More than two decades later, teen mothers continued to be scapegoated in North American culture. In 1998, Amanda Lemon, aged 18, was invited to join the local chapter of the National Honor Society because of her 3.8 grade point average, but that invitation was taken away from her when authorities discovered Lemon was also a mother. According to the teachers who made up the selection committee, this made visible the fact of her sexual activity (though other Honor Society members had been admitted despite having had abortions). Lemon was scapegoated because she represented ‘visual evidence’ of sexual intercourse (Kelly, 2000, p. 1).

The Canadian and British Columbian Context

Despite the ongoing stigma directed towards adolescent mothers in the United States, many Canadian public schools districts were influenced by the US’s progressive reforms, brought on by achievements like Title IX. Many school districts - inspired by the social transformations instigated by schools in the US - moved from a model of exclusion towards a model of inclusion of pregnant and mothering teens (Kelly, 2000, p.11). Kelly argues, “[l]ike a reed poking up against the current, British Columbia school policy presents an experiment that counters the North America-wide resistance to fully including teen mothers in society” (3). Teenage mothers in BC are not only encouraged to enrol in regular high schools, they are offered day care and on-site
support as well. Local school districts own the childcare centre buildings and are generally responsible for their upkeep and maintenance (Norton, 2005, p.3).

From 1993 to 1994, British Columbia’s Ministry of Education and the Ministry of Women’s Equality allocated $19.5 million of capital funding to support school-based child programs and prioritized Young Parent Programs (British Columbia Ministry of Education, 1993, p. 2). By 1995, over 30 Young Parent Programs were operating around the province, most with day care centres in the regular school setting (Dale-Johnson, 1995; Rivers & Associates, 1995).

During the 2004-2005 school year, there were Young Parent Programs in 38 BC communities with a total of 800 child care spaces available (Norton, 2005, p. 1). On March 1, 2011, Young Parent Programs in BC received an increase in the monthly subsidy rate for children of young parents. The rate increased from $850 to $1,000 per child from the Ministry of Children and Family Development (Peters, 2011, para. 1). Along with the increased subsidy rate, the program also received “a one-time payment recognizing student participation for this year, enabling them to invest in additional resources to meet program demands” (BC Ministry of Children and Family Development, 2011, para. 7). Obviously, the provincial government continues to demonstrate an interest in having teenage mothers complete their high school education. The motivations underlying this ‘interest’ will be explored below.

**Adolescent Motherhood and Social Assistance**

In Canada, social assistance is allocated through the province/territory to teen mothers. Many of the participants in my study were no longer living with their families and were part of the British Columbia Youth Agreement, which came into effect December of 1999 (Ministry of Children and Family Development, 2002). The Youth Agreement is the legal agreement adolescents aged 16 to 18 strike with the BC Ministry

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9 Young Parent Programs entitles a parent in a recognized Young Parent Program to the top-up under the Young Parent Subsidy for children in Young Parent daycare. This is conditional on young parents attending high school (Norton, 2005, p.3)

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of Children and Family Development (BCMCFD) in order to be able to live independently, and with the support of financial assistance. Both parents and non-parents are eligible to apply for the Youth Agreement only if there are no other adults in their lives who are able to care for them and/or they can not return home for reasons of safety. They continue to be eligible to be part of the Youth Agreement so long as they abide by certain terms and conditions such as: attending school, enrolling in life skills and work experience programs (i.e. in the case of teen mothers, parenthood-related courses), as well as programs which have to do with drug and alcohol addictions and mental health issues. Together with a youth worker, eligible applicants draft their own agreements stating what their responsibilities will be and what the responsibilities of the Ministry will be (BC Ministry of Children and Family Development, “Youth Agreements”, n.d.). To this end, the Youth Agreement affords some flexibility to its applicants in that it is tailored to their individual needs and experiences.

The BC Ministry of Children and Families and documents like the Youth Agreement are in place not only to safeguard children from living in abusive, unsafe homes, but also to facilitate state surveillance (as well as a significant amount of social control) over youth who have broken off from ‘dysfunctional’ family units.

Perhaps counterintuitively, it could be further argued that adolescent mothers receive so much support from the state – within the context of education, childcare, and social assistance – due to its neoliberal ideological tendencies. Preparing this segment of the population for the workforce by encouraging them to complete their education is completely aligned with neoliberal logic. Pillow (2004) argues, “[m]any questions and challenges are raised for schools when the education of teen mothers is linked directly with social welfare reform policy that is invested in training teen mothers to be economically self-sufficient” (p.106). Furthermore, this overemphasis on economic self-sufficiency may also give the government a way out of any responsibilities it may otherwise have to provide more than the bare minimum to this demographic.

Here is a telling excerpt from the Statistics Canada website on teenage pregnancy, a logic that has a hand in guiding social welfare policy towards this group:

Teenage pregnancy also has economic consequences. Childbearing may curtail education and thereby reduce a young woman’s employment
prospects in a job market that requires ever higher levels of training. In addition, recessions in the early 1980s and 1990s meant that to maintain an adequate standard of living, dual earning became the norm in many Canadian households. But teenagers who give birth, particularly at ages 15 to 17, are likely to be single. Consequently, most teenage mothers lack a partner to contribute to the household income (Dryburgh, n.d.).

What is particularly revelatory about this excerpt is not only what is being conveyed, but also what is being left out of the text. Official government discourse privileges the neoliberal worker, taking for granted the ideas that teen motherhood inevitably leads to financial hardship, and that the ‘natural’ economic order excludes those who bear children in their teen years. This analysis leaves out the fact that adolescent girls who become mothers are being shut out of economic opportunities in large part because of policy decisions made by the state, such as cuts to social programming. Further, teenage mothers leaving high school for the job market would also invariably encounter realities such as the province’s minimum wage laws and high cost of living. This would render their already hectic, stressful lives even more challenging.

**Conclusion**

In spite of sensationalistic headlines that have implied otherwise, rates of adolescent motherhood in North America have generally trended downwards for the past several decades. In this chapter, I have outlined the ways in which mainstream discourses helped produce widespread anxieties around the ‘epidemic’ of adolescent pregnancy and motherhood. I have also explored the ways mainstream discourses preferred to portray adolescent mothers as a threat to society – morally and/or economically – and how alternative discourses challenged these oppressive assumptions - arguing, for instance, that teenage pregnancy was in actuality a logical

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10 Until very recently, BC had the lowest minimum wage in the entire country at $8 per hour (or as little as $6 an hour if one is receiving the “training wage”). This figure had been frozen since 2001 in spite of rising costs of living (Ivanova, 2011, p.1). Since Premier Christy Clark in 2011 has come into power, it has been raised to $9.50 (Cole, 2011). Though substantial, those who work full time and earn $9.50 an hour would still fall below the poverty line.
step in the lives of those living in economically and socially limiting circumstances. Finally, I looked at how British Columbia schools are faring pretty well, especially with regards to incorporating teen mothers into the regular public school system, and how the province is providing financial support for Young Parent Programs. I argued that the BC government is using this financial support and the Youth Agreement as a method of surveillance over adolescent mothers, and as a means to shape them into neoliberal citizens who are ready to head into the job market.
Chapter 3: Laying the Groundwork for my Study

This chapter outlines the foundations of my study. I discuss my study’s objectives, my methodology and theoretical framework, how I recruited research participants, research ethics, my data collection and analysis methods, and the possible shortcomings that arise at different stages of my research process.

Study Objectives

My overriding research objective was to examine adolescent mothers, and their food and body-related anxieties.

My research questions ask:

- How do adolescent mothers talk about food and their bodies? What thematic trends emerge in their narratives and what can they tell us about existing ideologies, social relations, social stigma, and the personal challenges faced by these young mothers?
- Do adolescent mothers ever ‘opt-out’ of anxiety/negative discourses towards food and the body? What ideological and thematic trends emerge in their narratives? How can adolescent mothers’ stories provide inspiration for intervention models and public policies that will empower teenage mothers who struggle with food- and body-related anxieties, and that will alleviate the systemic barriers which give rise to these struggles in the first place?

Methodology/Theoretical Framework

The theoretical framework that informed my study was feminist intersectionality (Collins, 2000; Weber, 2001, 2010) in conjunction with feminist poststructuralism (see Gavey, 1989; Weedon, 1987). My study is feminist because it explores the issue of adolescent mothers and food- and body- related anxieties from the perspectives of adolescent mothers themselves; this departure point intentionally contravenes conventional wisdom pertaining to this social constituency (e.g. studies where those in health care professions are prioritized as the ‘experts’ on adolescent motherhood). It is
intersectional feminist because it attempts to situate the experiences of adolescent mothers within broader interlocking relations of power (e.g. gender, race, and class inequalities, age).

Intersectionality attends to structural inequalities, and the ways in which these structural inequalities are embodied in people’s everyday lived experiences. It recognizes that inequalities like racism, classism, heterosexism, ageism and sexism do not operate exclusively from one another; rather, they are intersecting axes of social oppression that shape individual and collective experiences, shifting in form and degree through time, space, and culture. This framework is useful in that it encompasses an analytical overview of oppressive arrangements (i.e. capitalism, neo-colonialism) as well as a more focused exploration of how these arrangements are embodied in people’s daily, lived realities (see Weber, 2001, 2010).

My study was influenced by a feminist poststructuralist framework and some of the concepts developed by Foucault (1975). I thought they would be useful in helping me expose the ways in which participants ‘buy in’ or ‘opt out’ of dominant discourses regarding eating, dieting, and body image. The works of Chris Weedon (1987) and Nicola Gavey, (1989) for example, explore the social production of knowledge as well as the importance of language and discourse. This poststructuralist feminist framework assisted me in challenging dominant discourses on adolescent motherhood and to uncover the ideological assumptions that inevitably emerged in my interviews with the teenage mothers.

I was inspired by the work of Foucault to guide my understandings of “knowledge formations and systems of power that regulate corporal practices” (Rail & Harvey, 1995, p. 165). Foucault’s theories influenced my understandings of the corporal practices of teenage mothers within systems of regulatory power. For instance, how might mainstream media discourses instruct the ways adolescent mothers engage in bodily practices (e.g. dieting, etc.)? Further, Foucault’s theories on surveillance helped me
illuminate the processes of self and peer surveillance that govern the lives of adolescent mothers vis-à-vis eating and body image.\textsuperscript{11}

\textbf{Data Collection Method}

In total, I interviewed 14 teen moms from diverse ethnic backgrounds, aged 16 through 18, from across the Lower Mainland. I met with the participants on a one-on-one basis and interviewed them sometime during the period January through April of 2011. I asked the participants where they might feel most comfortable being interviewed. 12 of the interviews took place in the school setting in a private space, one took place at the participant's home, and another took place in a community centre close to the participant's area of residence.

I asked a series of questions from an interview guide (see Appendix D) that dealt with the participant's experiences in regards to motherhood, eating, weight-related behaviours, and body image. Several of the questions were taken from the interview guide created for the Adolescent Voices on Eating (AVE) Project.\textsuperscript{12} In addition to these questions I designed others that would probe these behaviours in relation to key themes that I knew would be relevant to the participants' lives: eating patterns, health, weight loss and dieting, family, peers, and school. I added motherhood and body image as two other main themes of the interview guide.

Interviews lasted anywhere between an hour and just under three hours. Some of the participants were a great deal more comfortable divulging their stories than others;

\textsuperscript{11} By this I mean Foucauldian theories of surveillance might reveal processes where, for instance, adolescent mothers are monitoring their caloric intake or engaging in conversations with peers about their own or other females' bodies.

\textsuperscript{12} From September 2007 to November 2010, I worked for the AVE Project, a study headed by Rochelle Tucker in the Faculty of Health Sciences at Simon Fraser University. In the AVE Project, we interviewed 74 boys and girls about their experiences with eating, dieting, and weight-focused behaviours. Dr. Tucker suggested I explore the experiences of teenage mothers in relation to these topics and we discussed the possibility of incorporating my findings to the larger AVE Project for future research purpose. The consent form of my study includes a section where participants can check off whether they give Dr. Tucker and I permission to keep their name on file for participation in related follow-up studies, for a period of 10 years.
this was expected since different people have different speaking personalities. The interviewing process was flexible and if the participant directed the conversation into other directions unrelated to the guide, this would be understood as a legitimate part of the data collection. Participants were encouraged to share and elaborate on their experiences to the extent with which they felt comfortable. However, if ever I felt participant tangents headed in directions that were too off topic, I tried to diplomatically steer the interview back to questions on the interview guide.

The semi-structured nature of these interviews enabled me to follow up on issues that I sensed were important to the participants (e.g. if they brought up an issue more than once, if their body language and voice suggested that they were talking about something important to them, etc.) even if these issues did not conform to the questions set out by the interview guide. The interview guide allowed me to ask participants questions directly related to my study topic; it served as guidance if interview conversations reached a standstill or ventured too much into unrelated tangents.

Thus, I did not discourage participants from going on tangents – as this further illuminated the context of their lives, something my interview guide questions would not be able to capture. In order to explore body and food-related anxieties of teen moms, it was necessary that participants explain in depth and detail the contexts of their lives. I felt that it was only in probing into the contexts of participants’ lives that I would reach a broader - and thereby more precise - understanding of why the teen moms felt or behaved in the ways that they did towards food and their bodies.

I jotted down field notes before, during, and after the interview. Things that I observed and recorded included: the atmosphere of the interview location; personal feelings and responses before, during, and after the interview; details of the interaction with the participant (e.g. our body language, flow of conversation, etc.). This step was used in the later parts of the analysis process.

\footnote{Other issues relating to how much teenaged mothers revealed, as well as how comfortable they felt talking, is discussed a little later on.}
I was given permission by all the participants to tape record the interview sessions. Participants were told that they had the right to refuse to answer questions, and that their requests would be respected. For their time and to assist with childcare, participants were reimbursed with a $40 honorarium.\(^{14}\)

Participants were provided with a pamphlet of resources related to topics discussed in the interview (i.e. organizations in the Lower Mainland that focus on maternal health and healthy eating) that they may have wished to consult after the interview (see Appendix E). As a result of our discussions around eating and body image and other related matters, they may have experienced some psychological or emotional distress. I made sure that they were given my contact information in case they needed me to arrange for them to speak with someone who was professionally qualified to help in this event.

**Recruitment Strategies**

I decided to recruit participants living or attending school in BC’s Lower Mainland for practical reasons. I live in East Vancouver, and it was logistically easy for me to commute to and from the interviews. Since my study is exploratory and not representative of the experiences of teen mothers in BC or, for that matter, Canada, I felt that situating my study in the Lower Mainland for logistical reasons was a reasonable decision.

I looked up teenage parenting groups that existed in this region online and contacted the group facilitators. Some of the participants were recruited this way. On two occasions, I made brief presentations about the objectives and guidelines of my

\(^{14}\) I believe this honorarium assisted me a great deal in recruiting participants, and understandably so. Most of them had limited time and resources, so the prospect of participating in a study with no honorarium and volunteering information on their lives may not have been tremendously appealing. This assumption was somewhat confirmed when, in one interview, a girl talked about how she had been the only one in the teen mom program to participate in another study, which had no honorarium available.
research to approximately a dozen teen moms enrolled in secondary schools with teen parenting programs and on-site daycare.  

On these occasions, most of the teen mothers who sat in on my presentation demonstrated immediate interest in being involved; that is, they wanted to set up an interview right after I made the presentation. I also left leaflets (see Appendix A) with my contact information at these sites, in case anyone who might be interested in the study was absent when I made the presentation.

**Ethics**

Before conducting interviews, I obtained ethics approval from Simon Fraser University’s Behavioural Ethics Board. I contacted facilitators of teen parenting groups in the Lower Mainland and asked them whether they knew of any program participants who might be interested in being involved in my study. They asked adolescent mothers they felt might be interested in being interviewed and supplied me with their contact information if they were. With regards to my recruitment presentations in the two schools with teen mom programs, I sought permission from school authorities. For one school, I had to seek permission from the presiding School District. For another school, I had to seek the permission of the school principal.

Before the interview, I ensured that the interviewee read over and signed a consent form (see Appendix B), and filled out a brief questionnaire (see Appendix C) so that I could record the ethnic and class demographic of those whom I was interviewing. The consent form ensures the confidentiality of participants. I use confidentiality as opposed to anonymity for this research study. Confidentiality ensures I will not disclose

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15 As mentioned in Chapter 1, schools in British Columbia are very forward thinking when it comes to teen mothers and the public school system. At both schools from which I recruited, teen mothers could attend classes while their children could attend a licensed childcare program in the school itself. This, in an effort to support pregnant and parenting teens, in the completion of their secondary school studies. At both schools, teen mothers are offered education programs and a variety of support services associated with parenting and life skills, as well as health and childhood development.
the names of the participants in my research but that I cannot guarantee anonymity – that is, even with pseudonyms someone still might be able to identify the participant (i.e. recognize their experiences).

On the demographic questionnaire I asked participants to fill out prior to the interview, they were asked to self-identify their ethnic background(s) so that I could explore how they understood themselves in relation to race and ethnicity. Five of them identified as belonging to one ethnicity. I left intact, in my research, the ways in which these five chose to self-identify in their own words. For those who identified as having more than one ethnic origin, I decided not to disclose the nature of these identities and instead identified them as ‘mixed heritage’. This was done in order to better conceal the identities of participants with mixed backgrounds. Some of their mixed backgrounds were so specific that I felt it would make them too easily identifiable in the context of their narratives. I did make one exception, however. I identified one part of a young mother’s mixed heritage. She was partially of Aboriginal ancestry, and I believe her narrative provided an essential piece to the research – particularly in regards to racialization and colonization. I also felt that providing one part of her ethnic heritage would not jeopardize her confidentiality. Further, I did not reveal the number of ethnic identities to which she belonged.

**Data Analysis Method**

I transcribed the interviews and accuracy checked all of them in order to produce the most precise data that I could get. I applied voice centred methodology to the investigation of interview transcripts. Pioneered by feminist psychologist Carol Gilligan (1982), voice-centred methodology is a tool of analysis that involves conducting multiple readings or ‘listenings’ of individual transcripts, each reading exploring different dimensions of the interview. There are many ways of conducting voice-centred methodology. For instance, scholars who have already used this method in their research demonstrate that the types and combinations of ‘listenings’ can vary (see Byrne, Canvan & Millar, 2009; Doucet & Mauthner, 1998; Hunter, 2005).

Feminists have focused our attention to the ways in which humans exist within an intricate web of complex social relations, an existence of interdependence; this belief
stands in stark contrast to prevalent Western philosophical understandings of the self, which posits that the individual is primarily independent, and behaves out of its own ‘free will.’ Voice-centred methodology is based on a relational ontology - the notion that all human beings are produced through relationships with others as well as wider political, social, economic, and institutional structures, or more succinctly termed by Ruddick (1989) as ‘selves-in-relation’ (p. 11) or interdependent rather than independent’ (Tronto, 1995, p. 142).

According to Mauthner and Doucet (1998), the steps associated with voice-centred methodology allow for the ability to “keep respondents’ voices and perspectives alive, while at the same time recognizing the researcher’s role in shaping the process and the product” (p.1). This methodology attempts to draw out and make visible the voices of adolescent mothers while at the same time highlighting the researcher’s personal stakes and interest in the research. It also goes some way towards rectifying the power inequalities inherent in any research relationship, which usually privilege the vantage points of researchers.

The different ‘listening’ steps used for this research project are inspired by Mauthner and Doucet (1998). I have modified the steps to suit my own research purposes, and will justify why they are necessary to my project in my explanation below. The steps are as follows:

**Step 1: Listening for the Plot**

This step involved listening to the plot of the participant’s narrative. What story is being told? What is happening? This step included asking vital questions of ‘who’, ‘what’, ‘where’, ‘when’, and ‘why’. According to Mauthner and Doucet (1998), in the first step, “the text is read for the overall plot and story that is being told by the respondent - what are the main events, the protagonists, and the subplots” (p. 11). This step was necessary to my analysis in that it provided a general overview of the context of participants’ lives, not only in relation to body image and eating behaviours but to the personal histories, relationships, and world views that gave rise to these behaviours.
**Step 2: Researcher Reflexivity**

In keeping with the feminist tradition of situating oneself in one’s research, one key step that I chose to include as part of voice-centred methodology was researcher reflexivity, which I believe is a key component of feminist research. Notable feminists like Carol Gilligan (1982; 1988; 1990) have drawn our attention to the importance of reflecting on our social locations as researchers in order to depart from conventional patriarchal ‘wisdom’ which views researchers and scholars as objective, and invincible to contemporary social currents and political and economic structures.

Body and eating anxieties have framed a large part of my existence, but were most salient during my adolescence. This history is a fundamental reason why I engage in this research – to not only help mitigate these concerns as they manifest in others, but also to explore for explanations and solutions to my lifelong struggles. My personal experiences in relation to this issue will be substantially explored in the second stage of my voice-centred analysis, once I have given my participants a chance to share their experiences. My personal experiences will also feature in my concluding chapter, when I discuss how the findings integrate into my own history.

Researcher reflexivity enabled me to scrutinize my relationship to the research as well as how my views affected the research analysis process itself. What were my personal stakes in doing this research? What were the power relations involved in my relationship with the interview subjects? How might my personal experiences with body image, disordered eating, and social location (i.e. gender, ethnicity, appearance) have influenced interview interaction?

How was my interpretation and analysis of the interview structured through how I might relate or not relate to the participant’s experiences, feelings, and worldview?

This step initially involved writing in the margins of the transcripts in order to directly explore the ways I was responding emotionally and intellectually to what the participant was sharing.
Step 3: I Poems

This step involved following the first person pronoun voice (e.g. ‘I,’ ‘we’) in order to “[centre] our attention on the active ‘I’ which is telling the story; [amplify] the terms in which the respondent sees and presents herself; [highlight] where the respondent might be emotionally or intellectually struggling to say something; and [identify] those places where the respondent shifts between ‘I’, ‘we’ and ‘you’ signaling changes in how the respondent perceives and experiences herself” (Mauthner & Doucet, 1998, p.13).

The authors go on to argue:

This [stage] of the data analysis represents an attempt to stay, as far as it is possible, with the respondents’ multi-layered voices, views and perspectives rather than simply and quickly slotting their words into either our own ways of understanding the world or into the categories of the literature in our area. In our view, this detailed and focused attention on the voice of the ‘I’ can work to increase the volume of the respondents’ voice and amplify the terms in which they speak, in the same way that a hearing aid functions. In this sense, we would suggest that it is possible to create more or less space within which to hear our respondents’ voices; and to take more or less time doing so (p. 14).

Mauthner and Doucet (1998) are proponents of this reading strategy because it remains true to feminist listening principles of privileging the voices of marginalized subjects. In this stage the researcher attempts to listen to the participants on their own terms, to augment - metaphorically speaking - the volume of their voices and tune into how they perceive themselves in relation to the world. In research, it is challenging for those who study a subject matter to take a step back from their own immediate interpretative frames. Using this listening strategy was an attempt, however imperfect and partial, to remedy this analytical shortcoming common in research involving extensive interviews with human subjects.

Here is an example of an ‘I Poem’ extracted from Andrea Doucet’s doctoral research project on heterosexual couples attempting to share housework. This was featured in Mauthner and Doucet’s (1998, pp. 13-14) paper on voice-centred methodology. Following one male participant’s ‘I’ she found:
According to Doucet (1998), this allowed her to view the contradictory understandings he held towards himself, to “see the 'I' who emphatically states that he has never been a ‘career-minded person’ and a looming sense of regret and subtle admission that indeed, a career is tremendously important to him” (p. 14).

This step initially involved underlining the first person pronoun voice that appears throughout each interview. If certain parts of the interview contained a large cluster of this voice, I would arrange it into an ‘I Poem’.

Step 4: Contrapuntal Voices

This reading fulfilled two primary purposes: to highlight participants’ complex understandings of eating and the body, understandings which will not necessarily cohere with one another, and may even be at loggerheads; and to explore the ways in which participants’ beliefs are situated within broader power structures (Mauthner & Doucet, 1998, p. 17).

This is a method of hearing and developing different layers of a person’s expressed experience in relation to the research question. This listening step attempted to answer the question: what types of ‘voices’ are being articulated in the narrative? (e.g. voice of body acceptance, voice of body rejection). This stage of ‘listening’ took into account the multiple ways subjects come to know the world, even if these ways of knowing may contradict one another. Interview transcripts became a channel of revealing the myriad ‘voices’ within adolescent mothers’ narratives. From this ‘listening’ step, I asked: how do these voices fit within broader power relations (e.g. hegemonic
and ‘counter-hegemonic’ discourses, class/race/gender relations)? This step involved underlining each ‘voice’ with different pencil crayon colours in order to more easily distinguish between the myriad voices that are likely to appear over the course of one interview (e.g. red is used for voice of body acceptance; green is used for voice of body rejection; blue is used for voice of ambivalence, etc.).

Several questions and issues framed the manner in which I interpreted the data. For instance, did participants demonstrate acquiescence or a resistance to professional discourses that framed adolescent motherhood as a problem? Did they understand their body- and eating-related concerns as an individual problem and governed by individual will? Or did they understand it as situated within a wider context of capitalism, consumerism, and patriarchy? Also, how might their views towards their bodies be influenced by media and fitness discourses geared towards pregnant and post-pregnant women? (see Jette, 2006 and Dworkin & Wachs, 2004). However, because these girls were additionally mothers, the range of voices in relation to eating behaviours and body image were wider. Therefore, the experience of motherhood caused more ‘voices’ to make an appearance in the narratives of participants. Motherhood added to, or perhaps even ‘complicated’, ‘typical’ adolescent girl voices on eating and body image.

**Methodological Shortcomings**

My recruitment strategies may have slanted the results. The fact that I recruited the majority of my participants from schools with teen mom programs meant that my study involved mostly those attending high school. Therefore, my research does not include the voices of teen mothers who are not in school, and who are likely extremely socially and economically marginalized or whose lives are in a state of transition or otherwise (i.e. not in school at the moment and intending to return; employed full-time). Further, my two recruitment strategies entailed the possibility of my research not

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16 All of the participants whose interviews were featured in my research were receiving some form of schooling. Participants who were not recruited via the school teen mom programs disclosed in the interview that they were acquiring some form of education, even if they were not attending high school.
including the voices of teen mothers from economically privileged backgrounds who are being supported entirely by their families via homeschooling and childcare, and who have no need for supports like parenting groups or young parent programs.

The techniques which I employed to analyze interview transcripts had their shortcomings as well. Since voice-centred methodology is a strategy that relies heavily on rich narrative, participants who are extroverted and with the most to say - both in length and breadth - figured more prominently into the research. Three participants did not offer enough by way of narrative, and for this reason I did not include their interviews in my research. Using voice-centred methodology on these interview transcripts would not be possible. Since this study is exploratory and not representative of the entire population of adolescent mothers, not including interviews on the grounds that they do not have enough data is, I believe, reasonable - particularly within the context of the methodological framework I have chosen.

Of the three participants whose interviews did not generate enough data, two participants seemed shy and soft spoken during the interview, saying very little during the interview. Despite the fact that they were not included in my analysis, their ‘silences’ deserve attention. According to feminist psychologist Carole Gilligan, adolescent girls often tend to claim ignorance (e.g. saying “I don’t know”). However, this actually betrays the fact that they do often ‘know’. Carol Gilligan argues that the voice of “I don’t know” is far from “an admission of ignorance…[it] often serve[s] as a cover for knowledge” (as cited in Kiegelmann, 2009, para. 15). Bearing this in mind, I would argue that the two young mothers’ ‘silences’ could be read as an extension of Gilligan’s theory. Since girls are not taught to be knowledge producers or, for that matter, to even feel entitled to talk about, or have claim to, their own experiences, their ‘silences’ may indicate a reflection of these gendered inequalities.

Before proceeding with the interviews, I was worried that the methodology would bias girls from privileged positions, in that girls from more privileged backgrounds might be more responsive to my methodological lines of inquiry. I felt that there might be a possibility that girls from particular social locations would speak more - feel more ‘entitled’ or ‘safer’ to speak - than girls from other, less advantageous locations. I anticipated the possibility that white girls might be more comfortable sharing with me
their experiences than girls from Aboriginal backgrounds. Since state surveillance would be disproportionately focused on girls of Aboriginal backgrounds, I felt it was realistic to expect Aboriginal girls to be more cautious, and less forthcoming about the details of their lives.

My worries were laid to rest, however, as I soon discovered through the course of my interviews that race and ethnicity had very little, if anything, to do with the amount of information divulged during the course of an interview. For instance, two girls who self-identified as being white were two of the least talkative participants in the group I interviewed. Conversely, two girls of Aboriginal heritage were two of the most revealing and uninhibited of all the interviewees. The latter interviews, unlike the former ones, produced rich data, full of insights into the worldviews of two adolescent mothers. Despite the fact that my worries were laid to rest, future researchers using this method might still wish to attend to this possibility in their own research and to explore the ways in which this methodology might bring out asymmetries in power, voice, and entitlement amongst participants from a diverse array of backgrounds.

Another methodological shortcoming was the fact that since this project was exploratory, it would only contain a limited number of participants. This meant that the results would hardly be conclusive due to the small sample.

**Who Was Excluded From My Final Analysis and Why**

I interviewed a total of fourteen teenage mothers but excluded four interviews from the analysis process on the following grounds: One interview had to be excluded from analysis on the grounds that the participant mumbled as she talked so it was difficult to make out what she was saying in the transcription phase of the research. Three other interviews were excluded on the grounds that the participants’ responses were incredibly brief, often answers consisting of one word or single sentences. In one of these interviews, the participant did not seem particularly interested in the topic and was distracted during the interview by her baby daughter for whom she was caring. As discussed earlier, in two of these interviews, the participants were incredibly shy and soft-spoken. Subtracting these four interviews that I found ill-suited to the methodology, I analyzed 10 interviews.
In this section, I have outlined my research objectives and strategies, as well as the issues and dilemmas arising from my research methods. In the following chapter, I apply voice-centred methodology in my analysis of the interview transcripts.
Chapter 4: Analysis

Step 1: Capturing Context

I have organized this chapter in such a way that each of the 10 transcripts is investigated against the others throughout the different stages of analysis (with the exception of stage two). Instead of placing each transcript through all the stages and proceeding to the next transcript, I think looking at them in a concurrent manner allowed me to better compare and contrast the interviews. It also allowed me analyze their stories as a whole within a broader social context rather than as singular narrative entities unrelated to each other.

Participant Demographic: Ethnicity and Class

Of the 10 girls whose interviews I analyze, 1 self-identified as being from an Aboriginal/Native background; 1 self-identified as being First Nations; 2 self-identified as being white; 2 self-identified as being Caucasian; and 4 identified as being from more than one ethnic background (though for reasons of privacy and so that participants can not be easily identified, I will not specify the nature of these self-identified mixed ancestries, with the exception I mentioned in Chapter 2). 17

Eight participants had an annual household income of below $25 000. According to the data collected from the demographic questionnaires in conjunction with what participants divulged in the interviews, I discovered that five of these young mothers who had annual household incomes below $25 000 were living on their own, probably under

17 As stated earlier in Chapter 2, the demographic questionnaire I asked participants to fill out prior to the interview asked them to self-identify their ethnic backgrounds.
the guidance of the BC Government’s Youth Agreement Act. Of this income demographic, one was living at home with her mother. Another young mother was living in a group home but was planning on living independently in a few months’ time. Only one was living with a partner who was employed at the time of the interview. Two of the participants did not know their household annual income, and were living with their parents.

Children of “female lone-parents” are at particularly high-risk for poverty (First Call: BC Child and Youth Advocacy Coalition, 2011, p. 7) and child poverty is particularly salient in British Columbia where the poverty rate is the worst after tax of any province (p. 3). The seven teen mothers living on their own, and with a household income of less than $25 000 are very likely living below the poverty line, given British Columbia’s record in dealing with this issue (Klein, Cohen, Garner, Ivanova, Lee, Wallace & Young, 2008, p. 6).

Table 1: Participant Demographics

<table>
<thead>
<tr>
<th>Pseudonym</th>
<th>Ethnicity (Self-Identified)</th>
<th>How Long Ago They Gave Birth</th>
<th>Living Situation</th>
<th>Household Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Erica</td>
<td>Caucasian</td>
<td>2 to 3 years</td>
<td>with family</td>
<td>N/A</td>
</tr>
<tr>
<td>Kay</td>
<td>White</td>
<td>1 to 2 years</td>
<td>independently with child</td>
<td>Below 25 000</td>
</tr>
<tr>
<td>Stacey</td>
<td>Caucasian</td>
<td>2 to 3 years</td>
<td>independently with child</td>
<td>Below 25 000</td>
</tr>
<tr>
<td>Mary</td>
<td>White</td>
<td>3 to 4 years ago</td>
<td>independently with child</td>
<td>below 25 000</td>
</tr>
</tbody>
</table>

I interviewed this young woman in the home she lived in with her son and mother.
<table>
<thead>
<tr>
<th>Name</th>
<th>Ethnicity</th>
<th>Duration</th>
<th>Relationship</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annette</td>
<td>Mixed Ethnicity</td>
<td>2 to 3 years</td>
<td>independently with child</td>
<td>below 25 000</td>
</tr>
<tr>
<td>Tanya</td>
<td>Mixed ethnicity (with partial Aboriginal heritage)</td>
<td>1 month to a year ago</td>
<td>with family</td>
<td>below 25 000</td>
</tr>
<tr>
<td>Julie</td>
<td>Mixed Ethnicity</td>
<td>1 to 2 years ago</td>
<td>with family</td>
<td>N/A</td>
</tr>
<tr>
<td>Lacey</td>
<td>First Nations</td>
<td>1 to 2 years ago</td>
<td>independently with child</td>
<td>below 25 000</td>
</tr>
<tr>
<td>Jenny</td>
<td>Mixed Ethnicity</td>
<td>1 to 2 years ago</td>
<td>independently with child</td>
<td>below 25 000</td>
</tr>
<tr>
<td>Kathy</td>
<td>Aboriginal/Native</td>
<td>1 to 2 years ago</td>
<td>independently with child</td>
<td>below 25 000</td>
</tr>
</tbody>
</table>

**Step 1: Reading the Plot**

The first reading involves constructing a synopsis of each participant’s story. This allows us to pull the lens back on each interview and come to a general understanding of the social contexts in which participants develop relationships with their bodies and food. The process of creating a summary of the young mothers’ lives entailed including certain kinds of information and excluding other kinds. I included in this segment of analysis information that directly pertained to my general research objective: how are the eating behaviours and body image of teen mothers influenced by the world around them? Since family relationships seemed to figure prominently into their attitudes towards food and their bodies, I deliberately brought these parts of the narrative to the fore. Romantic partners also seemed to heavily influence body image behaviours so I brought these relationships to the forefront of the analysis as well. I also wanted to share the fact that many of the interviewees expressed how motherhood put their troublesome, chaotic
lives ‘on track’ – this to me offers a challenge to mainstream public health literature which consistently suggests that motherhood during adolescence is necessarily hazardous and must be prevented at all costs. Here is what I captured from their narratives:\(^{19}\):

‘Erica’ (‘Caucasian’)

Erica is on Jenny Craig\(^{20}\) and her mom is on the diet with her. Erica is trying to lose the weight she gained during pregnancy. She considered food an addiction during and after pregnancy and feels that the addiction was caused by familial troubles. She gained approximately 85 pounds during the course of her pregnancy; after she gave birth, she received the birth control shot, which made her gain weight as well. This weight gain made her depressed, and want to avoid participating in activities like going to the beach. She has already lost 24 pounds on Jenny Craig, much to her delight. She would really like to lose the weight for her own health, and to be able to keep up with her daughter.

Appearance also figures into this desire to lose weight. She used to be 109 pounds, and longs for a return to those days. Prior to getting pregnant she was barely eating due to financial constraints and the fact that she was devoting a great deal of her time drinking and going out with friends. At that point, she was addicted to being thin and considered herself ‘anorexic’.

Her father is a recovering drug addict who went into relapse a couple of months before she became pregnant, but is currently sober again. She lives at her grandparents’ house and they are not the nicest people. She turns to food as a source of

\(^{19}\) The plots I devised for each interview varied in length. This was not due to my showing preferential treatment for any of the participants. Rather, the length of the interviews influenced the length of the plots.

\(^{20}\) This weight loss program, which combines nutrition and physical activity with counseling, is a successful money making enterprise with more than over 700 weight management centres around the world. On the road to weight loss, clients are expected to buy prepackaged foods from the company in order to ensure their ultimate weight loss objectives. For more information, please consult the company’s website: www.jennycraig.com
comfort when her grandmother puts her down. Her relationship with her mother has improved significantly since she became pregnant. Her father and grandmother often comment on her weight: insulting her when she has gained, and praising her when she has lost. Her brother jokes about her weight as well.

She dropped out of school when she was 12 because she was tired of getting picked on. In order to halt the bullying, she lost weight at the age of 14, and noticed that she became more popular even as she was called a “slut”. Her daughter’s father cheated on her while she was pregnant and this is why she has hardened views towards the opposite sex and relationships. She attributes being a mother for getting her life back on track. Now she is back in school and no longer goes out as much with friends. She is thankful for all the support she receives from her family.

‘Kay’ (‘White’)

Kay admits to not eating very healthily, although having a baby has made her pay more attention to what she eats. She cooks a lot more often than she used to, and buys more fruits and vegetables. Still, she eats out pretty frequently and also has a supply of ‘ready-to-eat’ food at home and attributes this to time constraints. Kay considers herself to have been an alcoholic but has not drunk in a long time.

Her and her mom get along horribly - her mom used to be physically abusive towards her. Kay finds it ironic that her mom is so patient with her son, given her behaviour as a mother. Still, she thinks having the baby has slightly improved things between them. She is estranged from her brother, but is close to her sister. Her parents separated over two years ago. Her father - who has been in and out of jail - is remarried with a baby daughter. She has much warmer feelings towards her father than her mother.

Ever since her dad left her mom, her mom became depressed and barely ate, causing her to lose a significant amount of weight over three months. Kay considered her mom big before, but now she considers her too skinny and unhealthy-looking. After the separation between her parents, she went to live with her father. This angered her mother who went to great lengths to cut herself off from her daughter. Her mother re-entered her life after Kay became pregnant.
Kay used to work as a prostitute, and her baby’s father was her pimp. She continued prostitution up until her seven months in pregnancy, when she got arrested and was jailed. She said she started ‘smartening up’ once she had the baby. Body image was not an issue when she was a prostitute.

Her current boyfriend is verbally abusive. She admits she usually gets into relationships with guys who do not treat her well because she believes she can change them. She is newly self-conscious of her breasts after breastfeeding and prohibits her boyfriend from touching her; this annoys him.

Kay loves food and says she lives for food. She “munches” a lot, and eats like a “horse” and a “pig”. She attributes her slim physique to a fast metabolism. Kay recalls her mom saying “I’m so fat!” constantly when she was growing up. Even though Kay does not consider herself to have significant issues with her weight, she oftentimes catches herself echoing her mother’s anxieties. She avoids swimming with a bikini because she feels her “boobs… look really ugly”. She has considered breast implants but knows she cannot afford them.

She admits that motherhood is very challenging and calls her son, who is a handful, “a little devil”. Teen motherhood is not something she recommends. An added pressure is that she lives on her own with her son.

‘Stacey’ (‘Caucasian’)

Stacey is currently pregnant with her second child. She loves eating sweets. She began her pregnancy trying to eat healthily, but ended up returning to her sugary “cravings”. She feels that if she continues these eating habits after giving birth she will never shed the pregnancy weight. She finds herself turning more to “convenient” foods this pregnancy than her previous because she has a son to care for.

She lives on her own with her son. Her relationship with her mother has improved, though in the past it has been fraught. Her mother had Stacey’s son in her care for about a year before Stacey’s son was returned to her own care. She considers her mother’s eating habits very unhealthy and thinks she is severely overweight. She says there is a “fat gene” on her mother's side of the family. It scares Stacey that she has inherited part of the “fat gene”.

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Her mom raised her not to judge people by their appearance, but Stacey ended up concerned about appearance anyway. Becoming pregnant has augmented these concerns. She feels she has to compensate for her body by applying makeup and doing her hair. She feels better about her second pregnancy, because she has only gained weight in her belly.

She is currently not in touch with her first child’s father and considers him a “bad guy”. The father of her second child is much better guy but he broke up with her, which made her distressed. He is older, going to college, and Stacey constantly compares her physical appearance with the physical appearance of his female friends. She puts an extra effort into making herself look attractive when she knows she will be seeing him.

She recalls a time before her first pregnancy and between pregnancies when she felt good about herself. She is concerned with her stretch marks and her weight. She remembers not being able to go to the beach in a bikini after her first pregnancy because of all the weight she had gained. While she feels she is self-conscious about her body, she figures she must not care too much because she has never actually taken initiative to lose weight. She attributes her body anxieties to her personal state of mind, and not the expressed opinions of others.

‘Annette’ (Mixed Heritage)

Annette used to eat a lot of junk food, but pregnancy motivated her to change her eating habits. She maintained these habits after giving birth because of her daughter. She currently lives on her own with her daughter.

She was bullied in elementary school to such a severe extent that she had to be homeschooled. The stress associated with returning to school caused her to have a seizure. She had social anxiety for a time but overcame it. After her father left, her mother no longer had much authority over her; this is what changed things and caused her to lead a ‘wild’ lifestyle. She began drinking, partying, and doing drugs during her pre-teen years. The drugs suppressed her appetite; her eating habits took a downturn.

Ever since the birth of her daughter, she feels her life has taken a positive direction. The friends she used to party with are no longer in her life. Her current social life consists of her best friend and other teen mothers in school.
Her best friend often complains about her weight, even though Annette feels she does not need to. Still, she considers her best friend slightly overweight. Her mother and sister have unhealthy eating habits. Her sister who tends to “keep weight” is more like her mother; the two often talk about wanting to lose weight. Her brother is currently on a weight loss show on the radio.

Annette acknowledges that the media plays a large role in influencing the way girls feel about their bodies but considers these images deceptive. She feels the media has a negligible impact on her.

Though she considers herself pretty confident, she sometimes wishes she didn’t have post-pregnancy stretch marks. In the past, she has wanted to gain weight since she considers herself underweight. She was able to fit effortlessly into her old jeans just two weeks after her pregnancy and attributes this to her fast metabolism.

She has a good relationship with her baby’s father. He is a big proponent of healthy eating. He also tells Annette that she is beautiful and that he loves her. She feels this relationship has caused her to care less about what people think of her.

‘Mary’ (‘White’)

Mary lives by herself with her daughter. She has been cooking for herself since the age of 10. As a teenage mother, she is constantly on the go. Between school and caring for her daughter by herself, she leads a very busy life.

Her and her mother have a fraught relationship but Mary still considers them close. Mary’s mom used to be a very heavy drinker. Mary’s father has been in and out of jail and she has not seen him since she was 3. She does not want him in her life. Her daughter’s father wants nothing to do with his child. His parents have only recently come to terms with the fact that they have a grandchild.

Had she not become pregnant with her daughter, she thinks she may have gone into a life of drugs. The friends she used to do drugs with are no longer in the picture. She has a boyfriend, a “good guy”, of two years and hangs out with his friends sometimes. However, that is the extent of her social life. She cannot relate to girls, and
the lengths they go to in order to look good. She feels that they look like “sluts” and she does not understand why they wear mini skirts and high heels.

Growing up, Mary recalls her mom talking about her own body and saying she had chicken legs and a big gut. Her family’s poor health record has influenced her to eat healthfully, even though she still tends to eat “junk” and “fast” food. Her uncle and boyfriend are poor eaters but since they are small she believes this exempts them from having to exercise.

She does not feel she has any issues with body image and does not think she was influenced by what others were doing. She found that she lost her pregnancy weight through little effort. She does not mind wearing a bikini, even with stretch marks, because she has a child. However, she is above her pre-pregnancy weight and would prefer not to carry around ‘extra’ weight. She thinks there are different types of dieting, such as dieting for medical reasons or dieting for appearance-related reasons.

‘Tanya’ (Mixed Heritage; with Aboriginal Ancestry)21

During her pregnancy, Tanya ate everything and told herself she would work off the weight after she gave birth. She finds being a mom has made it more difficult to eat healthfully. Due to the stresses of school and taking care of her son, she also finds it difficult to go the gym.

Her relationship with her mother is very good. Her mom eats like “a bird”. Her brother has always been overweight but recently lost weight by adopting healthy eating habits. She recalls a time when her mom gained some weight and was depressed about it.

21 I felt it would be crucial to reveal one part of her mixed ancestry: her Aboriginal ancestry. Since her discussions with me about the intersection of Aboriginality and body image were so rich, I thought it was information that needed to be divulged.
When considering whether she would have the baby, a main concern was weight gain. She considered losing weight a main priority after having her son. She is struggling to get rid of the remaining weight she gained during pregnancy.

When her “skinny” friends start to stress about their bodies, she worries about being the “chunky” friend. She finds that many of her friends are concerned about their weight, regardless of whether they are mothers or not.

She has done the same diet twice. She tried going on it with her aunt and cousins, but most of them 'cheated'. She has never made it through the diet without ‘cheating’, which is why the last time she went on it she lost four pounds only to eventually gain it back.

Being of mixed ethnicity has influenced her body image. Her mom comments on how her curvy body is influenced by [name of ethnicity 1] background, but Tanya does not see curves - just “flab”. Her aunts who are from that particular background are curvaceous women. In regards to her other ethnic background, she remembers times when people would tell her she was the “hottest Native” they had ever seen. She felt insulted by these comments; she felt they were offensive to her family and her “race”. She feels that being a girl entails being looked at, and that it means she is constantly on “display”. She feels most on display when she goes out with her son and gets stared at for being a teenage mother.

When she moved to the Lower Mainland from [name of location] and started high school, she did not enjoy being there. She felt she did not belong. Her relationship with her baby’s father is rocky. He has unhealthy eating habits and Tanya found that his eating behaviours rubbed off on her, much to her dismay. She loves her son, and can not imagine life without him but feels it would have been wiser for her to wait to have a child due to missed life opportunities.

‘Julie’ (Mixed Heritage)

Julie is trying to eat healthier and go to the gym. Graduation is approaching, and she would like to look good for the occasion. She is unsure as to whether she will attend. She calls it one’s “shining moment” and wants it to be perfect. She is horrified at the prospect of “popping out” of her dress.
She considers herself a big eater, and wishes she did not eat as much chocolate or ice cream. She used to be a swimmer, but due to motherhood and school she no longer has time to exercise. She ate junk food when she was a swimmer, but because she was active this did not affect her weight. Since she is no longer active, she feels extremely weight-conscious. She reaches for unhealthy food in times of stress.

Most of her family members and even her baby’s father bother her about her weight. She is considered the “fat” one in the family and has been given mean-spirited, weight-related nicknames. They even started calling her daughter these names as well. Even though her cousin engaged in dieting behaviours that ultimately harmed him as a result of the family’s comments on his weight, they did not learn from it. They continued to call Julie names.

She feels her family treats her and her brother differently – they are on her back about what she eats and leaves him alone. This makes her feel like an outcast. Being partially of [ethnicity 1] descent, she feels that [ethnicity 1] women have a reputation for having a ‘curvaceous’ body type. Much to her dismay, she feels she has this body type. Being also of [ethnicity 2] descent, her body does not fit the ‘standard’ thin physique that is associated with [ethnicity 2] women, like she wishes it could be.

Before she was pregnant, her relationship with her parents was very rocky, especially after meeting her baby’s father. She even ran away from home a few times. She now feels that her relationship with her parents has greatly improved since they started going to a family counselling service.

She uses her daughter as way to ‘excuse’ her body - but only until her daughter turns five, after which she no longer has an excuse for retaining post-pregnancy weight. She feels the need to have her daughter beside her in order to prevent people from judging her about her weight.

Her and her baby’s father are no longer in a relationship but they do see each other frequently. She does not trust him and considers him a “red flag”. She does not feel he is good for her. Nonetheless she admits she is still interested in him. She finds that she still values his opinion of her and wants to look good for him.
For Julie, it is ‘common sense’ for a girl in a relationship to be smaller than the
guy. She once went out with a guy who was “fitter” than her and felt “fat” beside him.
She has felt the need to lose weight every time she has been in a relationship. She feels
that if she had a fitter body, she would attract ‘better’, more athletic guys. Right now she
feels she attracts “losers” who hang out at the mall. She believes if she had a thinner
body, she would attract athletic types who would consider her healthy and see her as
marriage material.

Growing up, guys recognized her for her “boobs and butt” and even though she
considered these opinions perverted she could not help but feel good about it too. She
also feels this label got her through high school and that it has helped partially ease her
weight-related concerns.

She has had difficulties with some girls at school, and has been bullied before.
She still has loyal friends though. She compares herself with other girls in her school
frequently, who have ‘fitter’ physiques than she does.

She feels that appearance is of primary concern for teen mothers because she
believes they do not have much to offer compared to teen girls who are not mothers.
She feels that boys are not as attracted to teen moms. Since teen moms are also
struggling to lose post-pregnancy weight, they are doubly disadvantaged when it comes
to attracting the opposite sex.

‘Lacey’ (‘First Nations’)

Now that she is older, Lacey is more conscious of what she eats. She attributes
this behavioural change to the fact that she has to pay for her own groceries now, and
has to influence healthful eating habits in her daughter. Having a daughter has helped
regularize her routine.

She lived in a group home right before becoming pregnant and during her
pregnancy. She currently spends her time between living in the group home, and her
daughter’s father’s house. She is moving out on her own in a few months.

Her mother lives in Ontario and her father lives in BC. She used to live with her
mother in Ontario for eight years. Her brother passed away while she was in Ontario
and she fell into a depression. She turned to food as a source of comfort and gained a great deal of weight.

Living with her mother made her realize that healthy eating habits are important. Her mother did not have much money, and turned to the food bank for help. Her father and his family eat well. She believes this is due to him having the financial capacity to do so.

She is not in a relationship with her daughter’s father at the moment. She does not see the relationship going anywhere. However, she is glad that he chooses to be involved in their daughter’s life.

She felt ‘amazing’ during pregnancy. She marvelled at the baby moving around in her belly and enjoyed the experience. She feels that motherhood has transformed her life for the better and loves it. Lacey is not too concerned about her stretch marks since she is darker-skinned and the stretch marks are not too visible.

Becoming a mother has changed her perceptions of herself for the better—she is no longer as self-conscious and she is much less likely to care what others think of her. Her priority is getting into post-secondary school.

She remembers dieting once when she was younger and recalls it as a horrible experience. It made her gain more weight in the end because she felt deprived. She does not believe people need to diet unless it is a life-or-death situation. She believes it is more important just to ‘be healthy’. She wants to be healthy for both herself and her daughter, and hopes her daughter models after her healthy behaviour.

‘Jenny’ (‘Mixed Heritage’)

Jenny is trying to eat healthier so she can set a good example for her daughter. Whereas before she would buy fast food, now she is more likely to get healthy foods from the grocery store to cook at home.

She moved out of her mom’s home at 13 and stayed at friends’ houses before meeting her fiancé and living with him. Her fiancé is a “big boy”, and she feels that he eats the groceries too quickly. She has to tell him they need to make the food last. His
roofing job has made him more muscular. Her and her fiancé have a very good relationship and she calls him her best friend. He also compliments her and calls her beautiful regularly.

Sometimes they do not have enough money for food, so they go hungry for a couple of days. She keeps money in the bank just in case they run out of money to buy formula for her daughter.

Her sisters and brothers are tall and skinny, and some members of her family are "really fat". She does not want to follow in their footsteps. She feels it would be challenging to have a pretty face and not be able to fit into certain clothes. She is "hippy and short" compared to her siblings and has come to terms with the fact that she does not have her siblings' thinner physiques.

She has learned to embrace her "womanly", "curvy" body. Not only does she accept herself because she feels secure and loved in her relationship with her fiancé, there is another reason that explains her self-confidence. Her grandmother started a group with older, “fat” ladies and Jenny would often accompany her to their meetings. The meetings would consist of weigh-ins, dieting in between meetings, singing, and discussions about weight and self-esteem. Jenny decided she never wanted to become like the women at the meeting; she wanted to be happy for who she was without having to resort to such measures. Jenny recalls being positively affected by an advertisement in a magazine. The advertisement featured a chubby teenager and a message of self-acceptance.

Before she was pregnant, Jenny remembers living with her mom and her mom’s boyfriend and them wanting her to live in a group home. She never felt like her mom wanted her around. Additionally, her mom was physically abusive towards her. Her mother was a model, and was hospitalized for bulimia. Jenny says she would never do what her mom did to herself. Sometimes her mother says she wants a bigger bust line. Jenny is critical of her mother wanting breast implants because she considers them “gross”. However, part of the reason Jenny avoided breastfeeding was due to body image concerns. Her mom’s breasts became “flat” after breastfeeding Jenny’s sister. Jenny decided she did not want this to happen to her. She feels fine with the way she
looks after having a child. She feels the changes to her body will eventually go away so she does not feel bothered by them.

She believes someone who is fat can be healthy but not someone who is “really obese” because it causes medical problems. She also believes being bulimic and anorexic is unhealthy. She views diets as a ‘waste of money’ because one can just as easily buy healthy foods at the grocery store. She used to want to diet before she was pregnant so she could look good for swimsuit season.

She credits motherhood with turning her life around; otherwise she thinks she would be stealing and partying.

‘Kathy’ (Aboriginal/Native)

Kathy used to live at her sister’s house during her pregnancy, and snacked instead of eating full meals. Sometimes she would not have enough money to eat or had to use money she was hiding to buy food. There was even a point in her life when she was only eating three meals a week. Now, she tries to eat when her daughter does but she is constantly “ruining” her meal. Due to her busy schedule, she does not have time to eat and the food she does prepare gets cold.

When she was young, she lived with her mom who was addicted to substances like marijuana and cigarettes. All her money went to funding this addiction, which is why Kathy did not have enough food to eat and would often eat three meals a week. Kathy is currently estranged from her mother, who is addicted to drugs and lives downtown. She says she hates her mother even though a part of her still loves her. She wishes her mother could have taken better care of her or taught her something during the 13 years she lived with her. She sometimes sees her mother downtown, but her mother never sees her. She remembers her mother abandoning her at her sister’s house, and having to live with her sister for three years. Her mother tries to get in touch with her sometimes but Kathy calls her a “pathological liar”.

Her sister tried “brainwashing” her and treated her poorly, so Kathy decided to move in with her boyfriend when her daughter was three weeks old. At that time, she was eating once a day. After a week, her boyfriend wanted her out. After that, she went and lived in another part of the Lower Mainland with her friend and her friend’s boyfriend.
They told her she could stay for free, but that she had to pay for her own food. She did not have enough money to pay for food to last her. Sometimes she would go for weeks with nothing.

She hardly had enough money to nourish her baby at that point, so she ended up having to beg her baby's father for money. She wanted a Youth Agreement so she could move out on her own, but ended up being put in a group home, which wiped out her Agreement.

She lives on her own with her child now. She has a very good relationship with her father. He is unconditional with his love for her. Her father needs to be healthy now; his doctor has told him he needs to lose weight because he is obese. Her mother on the other hand 'never' eats. She is “skinny as hell”. Her mother is a “crackhead” and lost a drastic amount of weight over the course of five years.

She feels that she does not want to look like other Aboriginal females who are bigger, because she does not like the way they look. She would much rather maintain the figure she has. She feels that Native women have a “muffin top” figure whenever they become obese, while non-Native women look better after weight gain. At one point, she was dissatisfied with her body, always wishing to look like other girls. When she looks back at that time, she feels she should have appreciated her body more. It was “nice” because it was “smaller”.

When she became pregnant, she was newly pleased with her body. Stretch marks used to be a concern for her, but not anymore. She cherishes them, because they are a reminder of her daughter. Sometimes she wishes she could look like the skinny girls she sees, but other times she feels pride in her body because she is a mother. Being a mother allows her to have “chub”. She finds that feeling comfortable might come from her family: both of her sisters are “big girls”. She is the smallest one out of her siblings. Witnessing their pride in their bodies has influenced her to be more comfortable with her body, too.

Her and her best friend want to be healthy and get into shape for the summer. She does not want to look like a “tank” in the summer. She has never put together a health regimen, so she figures she does not care too much. On the one hand, she wants
to lose weight but on the other, she figures she does not really mind the weight. She says her mind is “mixed up” on this issue. She recognizes that people are born different shapes and sizes and there is no way to change that. Overall, she is very comfortable in her body.

It helped to have her boyfriend around during her pregnancy. He was accepting of the changes happening to her body. She feels that her relationship with him is at a crossroads. She feels that he has not been there for her and her daughter.

Before she became pregnant, she partied a lot and hung out with people who were a poor influence. She feels that she would have turned out like her mother had she not become pregnant. She credits her daughter for turning her life around and for “saving” her life. Sometimes she feels like breaking down during tough times, but then thinks about how horrible it would be to lose her daughter. She does not want her daughter to lead the life that she did.

**Synopsis of Findings**

The participants in my study do not lead simple lives. Their experiences are complex, and their stories allow us to see them as people living in a variety of circumstances.

Some key features from the plots, however, suggest that there are commonalities across these stories. Many participants recollect living unstable, troubled lives before their pregnancy. For many of these participants, getting pregnant and becoming mothers were moments that brought their lives back on track and compelled them to be more ‘responsible’ and adopt healthier lifestyle practices for the sake of their children. A few of them still have complicated, often unhealthy relationships with food. A couple of participants regarded food as an ‘addiction’; some felt they gave in too much to unhealthy eating habits; and one reported having very irregular eating patterns.

Many of them have complicated, often fraught relationships with their parents. Most have unstable relationships with their children’s father and/or current romantic partners. For some of the participants, family members and romantic partners play a key role in shaping their self-esteem and body image, some positively and others negatively.
Many of them struggle with body image anxieties and the changes brought on by pregnancy. Most of them are unhappy with their bodies and want to change at least one thing about themselves. One of the changes brought on by pregnancy - stretch marks – is a change most of the participants do not welcome. The idea of ‘swimsuit season’ or summertime is a subject that raises concern.

None of the participants who self-identified as ‘white’ or ‘Caucasian’ could identify the ways in which their ethnicities intersected with issues of body image whereas a few of the racialized participants talked about how their ethnic identities impacted their corporeal selves. Economic and food insecurity are strongly hinted at in a few of the participants’ past and current lives.
Step 2
Shifting the Research Gaze: Looking for ‘Me’ in My Research

For this portion of my analysis, I would like to make visible my own relationship and location to the research. I focus in on a few key ways in which my worldview may have framed how I interpreted the findings. My interpretations were not only influenced by the worldviews and experiences I carried while reading the transcripts, but also by the memories I have from the interviews themselves, as well as my field notes.

Personal Story and Stakes

In being able and empowered to pursue the issue of body- and food-related anxieties, I consider myself very lucky. There is nothing arbitrary about my choice of thesis topic. Glancing at my own personal history and struggles with eating and body image, it becomes clear that my objectives are not simply to understand how our society’s obsession with thinness shapes the psyches of adolescent mothers, but also to come to grips with my own experiences and understand myself. Thus, far from being an exercise that is purely benevolent, this thesis topic is partly driven by the desire to clarify some of the lingering issues in my own life. My pursuit of a Master’s degree is also, clearly, a ‘stake;’ this degree carries social capital as well as the ‘promise’ of future career opportunities that are not usually afforded to those with ‘lower’ educational achievements. Conducting this research is also my small attempt at helping remedy the persistence of body-related anxieties in our society that may disproportionately affect girls and women, but injure boys and men as well.

When some participants discussed the ways race played a role in shaping their body image, I could relate. Being of Chinese origin, I am aware of the way East Asian bodies are racialized as being ‘small’, ‘thin’, and ‘unimposing’ in contrast to white bodies and black bodies. The Chinese communities in which I grew up also viewed themselves in this manner, especially when it came to weight and thinness. I felt that my body was brutally policed by people in these communities. They would tease me for being ‘chubby’ and shower me with praise for losing weight. I once lost so much weight that they were torn between telling me I looked ‘good’ and telling me I needed to gain weight. It was a painful and confusing time.
With those I know who are Canadians (of diverse ethnic origins) or have spent most of their lives in Canada, I feel reprieve from this form of surveillance, but assumptions take a different form. In these circles, my petite frame is viewed as ‘natural’ and ‘genetic’, especially to those with whom I have not yet shared my weight-related trauma, or my struggles with the scale. If I did share, would they still see my physique as a genetic inheritance?

Weight related bullying is not a part of my experiences in these communities. But sizeism is still very present. My friends constantly talk about wanting to lose weight, and incessantly equate thinness with attractiveness and health. The Western media that bombards me on a regular basis is a different story, being much more mean-spirited. Dominant media discourses in North American culture are extremely cruel when it comes to people’s bodies, particularly the bodies of celebrities. These narratives are the closest things I have in my present life to the body-related bullying I experienced growing up, except that they are directed at me a lot more implicitly. These narratives hurt almost as much.

**Insider/Outsider, Likeness/Dissimilarity**

Due to my own struggles with eating and body image, I feel I have a certain level of ‘insider’ status to this research. In other words, I am privy to some of the thoughts and experiences expressed by the study participants and feel a sense of solidarity with their struggles and pain.

Also, I accord myself ‘insider’ status in that I share gender with the participants, which mean that society at large inundates us with similar ‘scripts’ on what it means, or should mean, to be female. My demeanour and way of dress is quite feminine, which is viewed to be in accordance with society’s expectations of women. It is perhaps the case that participants might view my gender identity, whether consciously or unconsciously, as more vulnerable to being affected by body image anxiety than a woman who has masculine attributes. It is possible that my ‘femme’ identity might further accord me with insider status with participants who have struggled with disordered eating or body image concerns if they view me as someone with whom they have some shared experience.
I also believe I have insider status because I am a female relatively close in age to the participants and have a petite – perhaps viewed as ‘unimposing’ - frame. These traits might have gained me access into their worlds, and made many of them feel unthreatened in my presence.

I cannot claim to relate on every level with the study participants, however. There are some stark differences in our lived realities. Approaching 30, I am not yet a mother. I do not have any knowledge of what it must be like to be a mother, much less an adolescent mother. Many of the participants have difficult, often oppressive, personal histories. This I do not claim to share either. Having been raised in a relatively stable nuclear family with middle class professionals for parents, oftentimes during the interviews I came to be aware that many of the experiences expressed by the participants were remote and foreign to mine. I could only listen intently and try to empathize but could never identify with their experiences. As it became clearer during the course of the interviews, I had no way of fully understanding issues of addiction and violence since my life was and continues to be free from such serious pain and trauma.

Since some of them may feel closed off from the opportunity to participate in post-secondary education due to maternal obligations and financial limitations, my role as academic and researcher may have also entrenched me as an outsider to their world. Further, since many of them are more likely being surveilled by state institutions (e.g. school administration, social workers, BC Ministry of Children and Families, etc.) more intensely than peers who are child-less, they may categorize me as someone endowed with similar authority.

**Personal Frame(s): A Critical Look**

There were a few ways that I felt my outlook might have helped shape the results. However, since I was able to be self-reflexive of my interpretative frames, it helped me more fairly navigate and evaluate the research.

My social location also framed the results because many of the experiences the participants talked about reminded me of some of the experiences of my youth. Due to my own personal experiences with body image in adolescence, I had to be careful not to over-emphasize how much I had in common with the girls with the greatest body and
eating related anxieties. It can hardly be disputed that adolescence is a complex stage in the lives of most teens living in North America in the twenty first century. For me to assume that the participants with the most visible forms of corporeal distress experienced it in a similar, nearly all-encompassing manner to the way that I did in my teenage years would also be to ignore other key features of their lives that were not captured in the interview.

Since my interview guide featured issues that were extremely salient parts of my adolescence, it would be easy for me to imagine those who expressed discontent towards their bodies as being thoroughly absorbed by these concerns. Their realities however could be very different. Participants such as Erica, Julie, Tanya, Stacey – all of whom displayed tremendous dissatisfaction with their current bodies – could in their everyday lives be fixated on other concerns as well; being a teen mother is one of them. With all the pressing demands of teenaged motherhood, I could hardly jump to the conclusion that they were completely consumed by body related distress. I had to be careful not to render their stories too tragic, nor overly align them with my own experiences.

None of the participants I interviewed identified as ‘fully’ Chinese, though one participant was of partial Chinese descent. I related somewhat to what she disclosed, but I had to be careful not to over-relate with her experiences. Since she was of mixed ancestry, her experiences with body image would likely be distinct from mine. This meant I had to equally attend to her experiences of having (an)other ethnic identity(ies), and not just to her experiences of being Chinese merely because I was interested in looking for ‘myself’ in that part of her narrative.

I had to ensure that my own personal experiences in adolescence did not make me overlook issues that participants deemed important in their narratives. For instance, Julie’s discussions about her graduation made me reflect on my own experiences with this rite of passage. Growing up in late childhood and early adolescence, I was influenced by American and Canadian magazines that targeted teenage girls in regards to having the perfect prom or graduation. These media discourses constructed prom as one of the most important events for a teenage girl. They made us feel like our lives and self-worth were riding on this single day.
However, in my last year of high school when I was near graduation, I developed a more critical approach to the event. I did not feel it was the ‘make-or-break’ event of one’s life that it was being made out to be in the media and at school. Therefore, while I could relate to an extent to Julie’s anxieties around this event, I felt the concerns she narrated around her graduation were of much greater urgency than I ever felt about mine in my senior year of high school. With this difference in mind, I had to be careful not to disregard her feelings simply because I had not bought into dominant media discussions around graduation. I felt I had to make a concerted effort to tune in to Julie’s voice of distress when she talked about graduation, not simply dismiss her based on my own perspective of the event— which is several times more critical than it was in high school. Bearing this in mind, I believe I was more effectively able to incorporate Julie’s concerns around her graduation into the research and recognize it as an important concern that needed to be addressed, especially in regards to how it impacts body image and eating tendencies.

I felt that the interview participants' physical size and shape had to some extent an impact on the way I interpreted the results. For instance, Annette – who I described in my field notes as incredibly petite and thin – had one of the healthiest outlooks on body image out of all the participants in the study. Annette talked about how she was underweight and wanted to gain around five pounds (her weight, she said, amounted to under 100 pounds). After having her child, she remarked that her pregnancy weight just "fell off" her body.

Since it does not appear from her narrative that she has ever had issues or anxieties with her size or weight and her body type fulfills mainstream society's thin aesthetic, I wondered whether she might have been harder on herself if she had a larger, heavier physique. I found myself evaluating Annette’s perspectives through my own assumptions about what it means to inhabit a body that is extremely thin, and
‘naturally’ so. I found that I read her interview with some suspicion. For instance, whenever she voiced her resistance to dieting or media discourses, I found myself doubting her response and pondering whether they were contingent on her physique (i.e. her physique had kept her from reiterating the voices of insecurity that proliferate in the narratives of some of the other participants). This would have been conjecture. Nowhere in Annette’s interview did she suggest that there might have been a connection between her slim physique and her voice of resistance to dieting and sizeist discourses.

I had to be careful not to regard Annette’s interview as less genuine than other, larger-bodied participants who expressed resistance to fitness and dieting discourses. For instance, was it fair to think of Jenny’s mostly body-positive narrative as more ‘authentic’ and sincere than Annette’s simply because she was larger in size and therefore, I assumed, more personally familiar with the struggles associated with having a ‘curvy’ body in our thin-obsessed world? The same could be said about Lacey and Kathy’s interviews. Both participants expressed their voices of dissent to dominant body norms. Both participants were heavier-set than Annette. Did I feel that their voices of resistance were more ‘legitimate’ solely because they lived the world as a larger size?

Becoming aware of this lens enabled me to appreciate Annette’s outlook as resistance all the same. While it is true that being naturally thin allows her the privilege of avoiding discourses which specifically target those who are ‘not thin’ (I use this term loosely, because definitions of thinness are contextual), it does not mean that her narrative of resistance should be read cynically or viewed as disingenuous. It could be argued, for instance, that those who are considered thin in society also suffer body-related anxieties. If they are constantly socially rewarded for being thin, what happens if their bodies start to change? Also, in a culture that values thinness to an obsessive degree, it comes as no surprise that those who are already thin are still dissatisfied with

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22 I know that the term ‘natural’ to describe bodily states is problematic since our bodies are invariably produced through our environments as well as our own personal behaviours and habits. I apply the term ‘natural’ loosely. I think it can be argued that some bodies are genetically predisposed to be smaller, or larger, than others. Hence, it appeared to me from Annette’s experiences that this was the body that she always had, and that she had come by it effortlessly (without extreme dieting or exercising, etc.).
their bodies and want to become even thinner. Annette, while thin, can still be viewed as someone who has resisted the urge to diet or lose weight in a world where one can never be ‘too’ thin.

Sometimes, a participant’s voice of resistance was circumscribed within dominant (and perhaps less visibly), oppressive ideological frameworks. For instance, Jenny’s reference to a Fruit of the Loom magazine advertisement that influenced her positive body image reminded me of the Dove ‘love your body’ campaign. On a personal and political level – or to be more specific from my feminist anti-capitalist perspective - I am critical of corporate initiatives that employ ostensibly progressive messages to sell us their products. These ad campaigns are disingenuous and purely conditional on profit motives. However, if a participant cites an ad as being a pivotal moment in shaping her positive body image, to what extent should I honour the value of this ad and by extension the role that corporations can play in having a positive effect on young minds? After some thought on this subject, I concluded that while her response is resistant to dieting and fitness discourses, it is also informed by neoliberal frameworks that place an inordinate amount of responsibility on individuals to transform their own thoughts, and by doing so, their lives. However, I feel that my ideological reference point need not blind me to the possibilities that could potentially arise from this liberating moment in Jenny’s interview, however ‘problematic’ I may view it to be. The ‘love yourself’ ad to which Jenny refers should not simply be dismissed due to its underlying neoliberal assumptions, but rather seen as an opportunity for us to look at ways effective public messaging can positively influence teen mothers’ lives.

Synopsis of Findings

My own personal stakes in this research are clear: not only is this research of interest to me because it helps me fulfill my graduate studies degree, I believe it also allows me to deal with my own personal issues around weight and body image – issues that emerged most strongly in my adolescent years.

As much as my experiences allow me to empathize with my interview subjects, an exercise in self-reflexivity allows me to see that there are still remarkable differences between the interview subjects and I that cannot be downplayed. While it is true that I experienced extremely urgent body image concerns during adolescence, I had to be careful not to allow these traumatizing experiences to be projected on my participants even as they expressed their own stories of struggle regarding this issue. On the other hand, concerns brought up by participants – like looking good for graduation – that did not necessarily figure importantly into my own life had to be taken into consideration as poignant concerns in their own right.

While the participants’ physical size could have figured into the ways in which I interpreted their narratives, I was careful not to let it entirely affect my analysis of their interviews. While it can be argued that someone’s physical size has an impact on how they navigate fitness, dieting, and thinness discourses, the ‘whole picture’ is much more complex than that. Also, exploring how my own political location might influence the results helped me avoid being parochial in my final analysis of the narratives, and to be more fair-minded towards the interviews that did not conform to my ideological preferences.
Step 3: I Poems

Carole Gilligan (2009) explains this step in the following terms: “choosing sections of the interview that seem puzzling or of particular interest, you take each I phrase (usually just subject and verb) that occurs and list to them in sequence (“I want, I know, I don’t know, I think …”) (as cited in Kiegelmann, 2009, para. 39). However, instead of focusing on merely subject and verb, I have lifted more from the interviews to better capture the participants’ relationship with their bodies. I am therefore modeling this analysis after Doucet’s (1998) study about heterosexual couples trying to share household work and childcare. Doucet’s I poems were often not limited to the subject and verb, but rather to the complete manner in which they were expressed.

For the sake of length, I chose one I Poem from each interview. While there were myriad I Poems to choose from in some interviews, I chose the ones I felt were most striking; that is, I decided on I Poems that I felt were most effective in making visible the participants’ relationships to themselves and/or their bodies. The most powerful I Poems were the ones in the interviews that displayed the participants’ strongest emotional selves – whether they be expressions of insecurities or optimism or disappointment. I stress that each I Poem is not meant to be representative or encapsulate the interview as a whole, but rather to focus the lens onto one small part of the narrative where the first person voice seems to be most salient and visible.

**Thinner Times; ‘Happier’ Times**

‘Erica’ (‘Caucasian’)

**Before**

I got pregnant
I was 109 pounds,
I was a typical teenage girl, bleach blond, skinny, all that,
I went to 195 pounds when I was pregnant, then after
I was on the birth control shot for a year which made me gain 60 pounds after giving birth, and
I wasn’t comfortable with my body,
I hated myself, I went into depression and I,
I was just not happy at all and I wanted to lose the weight.

This I Poem offers a glimpse into how Erica views her pre- and post-pregnant body. It displays a deep contrast between her self-perceptions before and after the
weight gain brought on by pregnancy. Her self-representation prior to “I went to 195 pounds” describes her idealized self, and everything after her statement on weight gain evokes hardship and entirely negative, hateful feelings towards her body. Her life before weight gain is fondly remembered. What is also interesting about her life prior to weight gain is that she categorized herself as a “typical” adolescent girl, with “bleach blond” hair and “skinny”. That she links the adjective “typical” with “bleach blond” and “skinny” is worth mentioning because she ascribes normative values to being blond and thin.

**Body Image, Health, and Weight**

‘Kay’ (‘White’)

Kay’s I Poem brings to the forefront her feelings towards her body when she was a prostitute. Her understandings of body image, body size, weight, and eating behaviours are featured here:

_I felt fine about my body like there were no changes_
_I didn’t get anorexic or anything_
_I didn’t gain a bunch of weight_
_I stayed about the same, ‘cause_
_I was still eating, but not good,_
_I was just eating 7/11 hot dogs [sighs, exasperated] so my body image it_
_I was okay_
_I didn’t really think about my image at all._

It is quite possible that she did not want to divulge too much about her body image during this time, which is completely understandable. Still, it is interesting that in regards to how she felt about her body image when she was a prostitute, she says both “I felt fine about my body” and “I didn’t really think about my image at all”. I would categorize the former comment with a positive value and the latter one as value-neutral. In the first one she conveys that she at least had an ‘okay’ relationship with her body while in the second she conveys that her body image did not figure much into her consciousness at all. The first comment is followed by a discussion of why she felt ‘fine’ with her body: “I wasn’t anorexic”; “I didn’t gain a bunch of weight”; “I stayed the same [size]”. She feels ‘fine’ because she didn’t become anorexic or gain weight. These two reasons for feeling ‘fine’ seem particularly tame, especially since we know she is reflecting on what I would assume would have been an excruciatingly difficult time in her life – a time when her adolescent female body would have been exploited for male
sexual pleasure. She frames her discussions of body image during this time as an issue of health and size only. It can also be assumed that she would not have felt fine had she gained weight during this time. This I Poem illustrates that Kay’s body image is significantly bound up with her size.

Furthermore, she says “I felt fine about my body there were no changes” even though she reveals that “I was eating 7/11 hot dogs”. That she had a steady diet of hot dogs does not factor into how she feels in her body, but maintaining her weight and not getting anorexic does. Within this serious discussion of prostitution, her understandings about health and size come into the foreground. She felt ‘fine’ about her body because she maintained her physique and did not starve herself even as she was eating what appears to have been a diet sorely lacking in nutrition.

I also wonder whether her comment “I didn’t think about my image” is based on having to forget what I am assuming must have been a tremendously traumatic period in her life, as well as her body’s involvement in it.

The ‘Carefree’, ‘Skinny’ days

‘Stacey’ (‘Caucasian’)

Well before
I got pregnant the first time it was like easier for me to feel good about the way that
I looked because you know,
I was skinny and
I just,
I guess
I was younger too and
I didn’t really think about the way that
I looked as much but yeah
I just was skinnier so
I didn’t really care if
I was going out without makeup on because my body looked okay – after having my son and being pregnant, like
I didn’t feel like my body looked like as good as I wanted to so
I tried to make up for it in other ways.

Stacey recollects being skinny twice in this I Poem. The majority of the Poem emphasizes her body image prior to her pregnancy with her first child. Like Erica, she
idealizes this period: it was easier for her to feel good about her appearance; she was ‘skinny’ back then and therefore felt that this afforded her the luxury of not wearing makeup. Like Erica, her subjectivity shifts during and after pregnancy when she experiences body transformations which cause her unhappiness and to feel obliged to ‘compensate’ for these physical shortcomings in other ways such as wearing makeup. Within the context of this I Poem, it becomes clear that she felt her body did not ‘look as good’ because she no longer measured up to her thinner self. While Erica romanticizes this period in her life, her narrative reveals that she was also engaging in heavy drinking behaviour and very poor eating habits. During those thinner days, Erica says “I’d say I had breakfast I’d have a little tiny bowl of cereal. I’d go out all day and I’d have A & W or something for dinner my friends would buy it for me and I’d go out and drink.”

**Self-Acceptance**

‘Annette’ (Mixed Heritage)

_I just,
I don’t really
I don’t,
I’ve kind of learned
I don’t really need to care about what other people think of me, and I just,
all I need are the couple friends that I have and my family
I’m completely fine.
I’m not gonna live up to other people’s expectations [chuckles]_

Unlike Erica or Stacey’s I Poem, which express disappointment with their current ‘heavier’ selves, Annette’s Poem affirms her self-worth. It emphasizes her not caring about what other people think and that all she needs is the respect and love of a few people in her life. While not fully representative of what she discussed during the interview, I feel that this I Poem significantly captured Annette’s general attitude of self-dignity during the interview. Her voice conveys a sense of security here that was apparent throughout the interview. Unlike other participants, like Erica, Tanya, and Julie who repeatedly yearn for ‘thinner’ bodies, Annette’s voice throughout the interview is almost completely absent of these concerns. Her I Poem illuminates that she has come into a period in her life where the opinions of others are no longer of utmost importance to her and that she has had to evolve into this state of mind. Her phrase “I’ve kind of learned” precedes her epiphany: “I don’t really need to care about what other people
think of me”; “I’m completely fine”; and “I’m not gonna live up to other people’s expectations”. This I Poem underscores her psychological transformation and voice of strength.

**Girls as ‘Other’**

‘Mary’ (‘White’)

*I don’t know.*
*I don’t like girls, no offense, [inaudible]*
*I get along with guys a lot better, more laid back and relaxed and they’re not trying to – well they are trying to impress but they’re not doing it in stupid ways, like Fake and Baking and dressing like a slut. Yeah*
*I don’t put up with them quite often [chuckles]*

Here we can see Mary’s clear disdain for other girls. I lifted this excerpt to show how her resistance to dominant discourses around body image and femininity are actually invariably connected with her contempt for other girls. Her relationship with girls is thrown into sharp contrast with her relationship with boys. She says she does not like girls, and does not “put up with them”, while she gets along with boys because they are more “laid back and relaxed”. This I Poem reveals her vastly differing opinions when it comes to boys and girls, and is helpful in making us see that her resistance to femininity and other related practices may not be entirely positive since it is predicated on her disdain for other girls.

**Dieting**

‘Tanya’ (Mixed Heritage; with Aboriginal ancestry)

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24 I think that here Mary is referring colloquially girls going to tanning salons and emerging with tans that look ‘fake’. Also, I think she is playing on the term, Shake ‘n Bake, which is a “is a flavored bread crumb-style coating for chicken and pork. The product is applied by placing raw meat pieces in a bag containing the coating, closing the bag, and shaking so the particles adhere. The coated meat is then baked in the oven” (Wikipedia, n.d.). She is probably also referring to the ways in which girls tanning in salons reminds her of poultry being baked in the oven.
I work out and eat healthy, that’s like all I know. Actually
I’ve done a diet, the same diet a couple times before. Supposed to lose like 10 to 17 pounds in a week. Which, is not really realistic for me but... or necessary

I think but
I just,
I would just do it ‘cause
I just wanted a quick head start, you know what I mean?
I kinda wanna do it again actually but, I’m not sure, last time I did it
I lost four pounds. Which was pretty good. In a week
I thought that was pretty good.

Tanya initially states that working out and eating healthfully are all she knows when probed about her previous experiences with dieting, but then immediately revises her story and admits to having done a diet that promises weight loss of 10 to 17 pounds in a week a couple of times before. What is interesting is that she thinks the diet is both unnecessary and unrealistic for her but then later says she wants to do it again because the last time she did it she lost four pounds. This I Poem draws our attention to how the participant - like countless others - has been seduced by the promises held out by diets and the dieting industry. The dieting mentality often follows a similar trajectory as this I Poem; while there is awareness around the pitfalls of dieting, there still exists the hope that they will one day work for good, and that thinness will ultimately be achieved. Also her comment “I just wanted a quick head start” reflects how she rationalizes her decision to diet. The words “I just” indicates she did not think the decision was such a big deal.

Race and Body Image

‘Julie’ (Mixed heritage)

25 Kathy remarks in another part of the interview that she gained the weight she lost on this diet a few months later so obviously the weight loss was only short term and the diet was not ultimately effective.
I've always thought like, yeah [name of ethnicity] girls have like big thighs and big butt, so
I'm kinda like “yeah it’s okay” but
I think in grade 8 someone called me thunder thighs and
I got really like affected by it.
I'm like “oh my gosh” so I think with the guy calling me thunder thighs, like I
wanted to lose weight, and grade 8 was when
I stopped swimming so it’s - it really like put me down, and like for some reason
I didn't actually lose weight,
I started to gain the weight, versus like losing. So like...
I guess it also plays on my part for being stubborn, kinda like, someone telling me
to do something
I do the opposite.

This I Poem is interesting in that it illuminates how one moment can significantly alter one’s body image. In Julie’s case, her anxieties towards her thighs are severely heightened after someone at school (a boy) uses a sizeist remark to describe them. Prior to this incident, Julie remembers herself as being ‘okay’ with the fact that she had “big thighs and big butt” because she understood it to be a physical shape common to many girls from her ethnic group. However, her remark “I’m kinda like ‘yeah it’s okay’” is indicative of the uncertainty that plagued her assessment of her body even prior to the sizeist comment she received from her peer. The “I’m kinda like” signifies the non-committal way in which she attempted to embrace her curvy figure. Even then, her voice of acceptance was at best tenuous. After the comment, she describes how her previously fragile hold on discourses of body acceptance is thoroughly shattered: this comment affected her a great deal, and caused her to want to lose weight but since she stopped swimming in that same time period, she actually gained weight. Interestingly enough, at the end, she reframes the terms of this discussion on a positive note, a note of resistance. She says, “I guess it also plays on my part for being stubborn, kinda like, someone telling me to do something I do the opposite.” This contrasts profoundly with her earlier statements about how the comment precipitated her desire to lose weight. She interprets her weight gain as resistance to the “thunder thigh” comments, even after stating earlier that she experienced tremendous anxieties after the comment was made. Amplifying her first person voice in this part of the interview is useful in that it brings our attention to how she paradoxically responds to someone making unwelcome remarks about her body: first as distress, then as resistance.
Health and Exercise

‘Lacey’ (‘First Nations’)

I try to walk and walk so
I can exercise ‘cause
I don’t feel good if
I’m not eating healthy,
I just ate really, and you really notice it takes a toll on you. And it's not enjoyable.
I just wanna be healthy for me and my daughter, so my daughter knows how to be healthy.

Lacey was one of the participants who displayed less body image anxieties compared to some of the other participants in the study. This poem lifted from her interview is demonstrative of this lack of concern. There is no focus on weight, and there is a special focus on health. While it does not seem that she has achieved the level of healthy behaviour that she would like - she states she ‘tries’ to walk - her goals in terms of eating and physical activity are connected to being healthy, feeling good, and setting a good example for her daughter. By framing her discussions around exercise and eating around achieving better health, she is offering a perspective of ‘health for health’s sake’ - not ‘health for thinness’ sake’, nor ‘health for weight loss’ sake’. This is refreshing reversal of conventionally oppressive understandings around physical activity and nutrition.

Self-Acceptance

‘Jenny’ (Mixed Heritage)

I don’t know.
I... came to terms that like not every girl is like that...
I’m not like that.
I have like, and
I think it’s kinda better to like, be like actually kinda womanly as opposed to being like a little girl.
I don’t know. Just like stuff like that. ‘Cause like
I grew up like, never like fat or anything
I just,
I’ve always had like big hips and a butt [chuckles] but my sisters have always been really skinny and tall,
I’m always kinda like hippy and short.

Before thoughtfully reflecting on what influences her body image, Jenny states “I don’t know”. Revisiting a theme explored earlier, adolescent girls tend to use the words
“I don’t know” as a “cover for knowledge”. Reiterating the words of Carol Gilligan, the words “I don’t know” are far from “an admission of ignorance…[they] often serve[s] as a cover for knowledge” (as cited in Kiegelmann, 2009, para. 15).

Gilligan’s argument holds true in Jenny’s case. The teen mother’s claim of ‘not knowing’ is immediately contradicted when she begins to open up about why it is that she has such a positive, self-accepting body image. She again says “I don’t know” a little later on, but then goes on to reveal that she does know. She knows that she will never be thin like some other girls are, and in light of having accepted this unchangeable reality has grown to accept her curvier figure. It is interesting as well that in juxtaposing her ‘womanly’ form against the ‘skinny’ Other, she has reduced the Other to ‘a little girl’. Thinness has come to represent the opposite of womanly. ‘Womanly’ is signified through a body that has curves.

Reclaiming the Postpartum Body

‘Kathy’ (‘Aboriginal/Native’)

*I guess once upon a time. [chuckles slightly] And like, “oh really?” It bothered me but,*
*I was excited to have my first stretch mark.*
*I still have it to this day.*
*I still have that stretch mark from when she first started to come out.*
*I still have it. And*
*I was excited for that stretch mark to come. And when*
*I seen it,*
*I loved it.*

Kathy’s response to her stretch marks are a breath fresh air, especially in contrast to other girls who expressed discontent and worry when talking about their stretch marks. It is worth noting that while Kathy talks about how excited she was to have stretch marks though the majority of this poem - articulating this excitement in myriad ways (“I was excited to have my first stretch mark… I was excited for that stretch mark to come… I loved it”) - she still admits to having been bothered by it “once upon a time”. Even in the most positive-minded participants, oppressive body image discourses still manage to seep into their consciousness. She remarks, with pride, that “I still have [the stretch mark]” three times. In stark contrast to the ways some other participants remark upon changes to their bodies brought on by pregnancy, Kathy’s voice expresses
anxiety, but only in her initial ‘I’ voice. Her voice immediately evolves to excitement and newfound satisfaction.

**Synopsis of Findings**

Drawing I Poems from the interview transcripts allows us to come to a better, more thoroughly informed understanding of the ways in which participants view themselves and their bodies. In Erica and Stacey’s I Poems, we see that they mourn their former ‘thinner’ selves and regard those bygone days in a positive light. Mary’s I Poem illuminates her internalized misogyny while Tanya and Julie’s I Poem displays their complex, and contradictory relationships towards dieting and their bodies. Annette, Lacey, Jenny, and Kathy’s I Poems all contain positive, and arguably feminist, beliefs about their bodies. While Jenny’s I Poem is circumscribed by the potentially problematic way in which she conceptualizes girls who do not have curves ‘like her’, her voice in this passage of her interview acknowledges bodily difference and the fact that she’s at peace with the fact that her body is not designed to be the thin ideal that is often championed in mainstream society.
Step 4
Contrapuntal Voices: Voices of Dissonance

The aim of this portion of voice-centred methodology is to uncover the myriad understandings participants hold towards food and their bodies. It looks at the ways in which a participant's competing, often contradictory, beliefs about these issues are reflective of and/or resistant to dominant discourses around dieting, thinness, fitness, eating, and body image.

Since the study participants have crossed the threshold into motherhood, it could be argued that they have to some extent internalized discourses targeting adult mothers as well, even if this messaging is intended for an audience of mothers who are of adult age. The participants in my study have all, to varying extents, been influenced by these discursive regimes. Some participants seemed consumed by body image and eating concerns. This was apparent in the sheer quantity and intensity of the grievances they held towards their bodies. Others were more self-affirming and expressed a desire to accept themselves for who they are. All participants carried, to differing degrees, problematic and oftentimes oppressive assumptions about body image, health, and weight. Many of the participants supported the taken for granted but questionable notion that health and weight are invariably interlinked. The thin body was frequently associated with healthiness and attractiveness while the fat or overweight body was frequently associated with unhealthiness and unattractiveness. Dieting and weight loss was nearly unanimously viewed as a way of securing one’s health, and making oneself more physically attractive.

Some girls conceptualized body image anxieties as something rooted in themselves. Many of them were able to describe the gendered and at times even racialized nature of body image but were silent on their structural origins. While some of them recognized social processes they also still conformed to them in varying degrees.

26 For a more thorough analysis of these fitness, thinness, and dieting discourses, please see Dworkin & Wachs (2004); Eskes, Duncan, & Miller (1998); Hesse-Biber (1996); Markula (1995, 2001).
A few of them were also influenced by neo-liberal girl power discourses that advocated for loving and accepting oneself27, divorced from a thorough, empowered examination of social structures which cultivate the feelings of contempt and hatred many of them hold towards their bodies.

Here, in all their complexities, is an examination of their multiple, complex, and often contradictory understandings of their bodies.

‘Erica’ (‘Caucasian’)

Dieting and Health

Erica, who was in the midst of the doing the Jenny Craig Diet when I interviewed her, had a few ways of talking about weight-related issues. She rationalized being on the Jenny Craig diet through two primary lenses, or ‘voices’: she wanted to lose weight so she could ‘look better’ and also ‘be healthier’ for the sake of herself, and to be able to keep up with her daughter. While these voices do not contradict each other - people often cite wanting to be healthy as well as wanting to look good as main reasons for dieting and these reasons can be interpreted as perfectly compatible - Erica’s narrative often illuminates notable confusion over which reason she prioritizes.

I’m still pretty self-conscious but I’m boosting my self-esteem because I’ve lost 24 pounds. So I’m starting to feel better about myself, I’m starting to realize that I’ve lost the weight. I can tell my stomach’s getting a little bit flatter now and I just want to be healthier – at the same time, the weight, it’s not just not healthy for yourself, but it’s healthy for your daughter or your child and it’s emotional. Emotional health too.

Here, we see Erica’s relief at the sight of her stomach getting flatter after having lost 24 pounds on the Jenny Craig diet. After commenting on the ‘aesthetics’ of weight loss - flat, toned stomachs are often viewed in the fitness and weight loss industry as

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27 Please see Zaslow (2009) and Bae (2011) among many other lucid feminist critiques of this phenomenon.
‘aesthetically’ desirable\textsuperscript{28} - she launches immediately into a discussion about why her diet is positive for health reasons.

In another section of the interview, she talks about wanting to lose weight for health and appearance related reasons in the same breath again and she views both reasons as advantageous:

Well going from 109 to 195 pounds in ten months, that’s huge. And horrible and I couldn’t walk, I was wobbling, I was pregnant [inaudible] but when you had a lot of [inaudible] I didn’t do anything it was horrible but now it’s like I can walk, I I still think about myself as big, but, I’m getting better about it. I’ve used to be skinny and chunky and all of it, but I’d rather be skinny. Not just for the way that people will look at me, but for the way I look at myself. ‘Caus’ it’s not even just the fact about being skinny it’s the fact of being healthy. So it’s both and you get both advantages.

She acknowledges the dual advantages of being thin. Being heavier disadvantaged her physically so shedding weight is seen as a way to augment her mobility. In this context, she views her weight loss as a necessary precursor to being able to move around - this can be viewed as a utilitarian, ‘practical’ way of justifying her weight loss. But she also acknowledges the social advantages of thinness for the “way that people will look at me”. Clearly, this perspective refers to the social capital that accompanies being thin - being viewed by others positively, and with respect. It may refer to the social adulation that is often showered upon those who ‘achieve’ weight loss.

\textsuperscript{28} It can also be argued, however, that the fitness and medical industry often encourage slimmer waistlines because waist circumference, in dominant fitness and medical discourses, is often connected with health. So it is possible that Erica’s comments about her stomach getting flatter is linked with her desire to be healthy, and not her desire to be thin, or perhaps both. My suspicion with Erica, though, is that her referring to her stomach as getting flatter in a positive light is more aesthetically-driven than health-driven. Medical discourses do not often refer to achieving a flatter stomach when discussing health, but more so decreasing the waistline.
Health and Size

With all of her emphasis on weight loss as a method of advancing health goals, Erica’s analysis is interestingly lacking when discussing the health of her daughter:

I’m like ‘well she’s two, she can pretty much eat whatever she wants, she needs to gain a little weight [inaudible] [chuckles slightly], she’s a skinny little girl’ so like she’s two. Feed her, whatever. If she eats it, that’s a good thing.

Her beliefs on healthiness are revised in the context of her daughter’s eating habits. Her daughter can eat “whatever she wants” because she “needs to gain… weight”. Healthy eating need not apply to her daughter, perhaps because her daughter’s size does not require it. This statement contradicts Erica’s earlier conversations about achieving health through weight loss. Ought not this framework of health also be extended to her daughter’s nutritional needs as well? Clearly, Erica has different standards around what her daughter should be eating and what she should be eating, based on their different sizes.

Thin Equals Happy

Erica’s weight has fluctuated in her life. She used to be 109 pounds, and when she was pregnant, she was 195 pounds. While she has lost 24 pounds from the diet, she still yearns for her thinner self. She remembers her thinner days as unequivocally positive, and evaluates the thinner days of her family members in a similar fashion.

My brother used to be really skinny. He was skinny until the age of 18 and then he was on, ‘cause he was on the ADHD medication and that makes you kind of sick you don’t wanna eat, if you eat something you get really sick, so he was, once he got off of it, he started gaining the weight and like now he’s [pauses slightly] huge [chuckles slightly] so he doesn’t pick on me now because now he sees what I’ve been feeling and he understands where it was. And, my mom used to be like me, like identical. She was 14, she was 109 pounds, so we would sit, and it’s just, when we were all happy is when we were skinny.

Erica remarks that her brother was skinny during the period he was on medication and it made him sick and unable to eat or keep food in his system. Even in spite of his feeling ill, she still insists that he was “happy” then because he was skinny. It appears as though Erica romanticizes her brother’s thinness here. For instance, how “happy” could a person sick from medication be? At the very least, she is projecting her own
assumptions about the perpetual link between thinness and happiness on his situation. She concludes by linking her and her family members’ happiness with their ‘skinnier’ former selves: “when we were all happy is when we were skinny”.

Weight and Sexual Politics

Additionally, her former self is remembered as a positive moment in her life within the context of getting attention from other boys:

I was able to talk to guys and not be worried that they’re gonna make fun of me behind my back or if they were gonna break up with me later on ’cause I’m not skinny. I was never – I’m always worried about that, always. It scares me that if I have a boyfriend like they’re going to break up with me ’cause some skinny little girl comes along, and it’s HARD to deal with being skinny and then just gaining a whole bunch of weight from being pregnant and then not getting it off.

Weight is viewed in this excerpt through the lens of adolescent sexual politics. Erica, as her present self, is anxiety-ridden at the prospect of losing other guys to ‘thinner’, and therefore she believes more ‘attractive’, girls. Being thin is viewed as necessary social capital for acquiring and keeping the attention of the opposite sex. It is noteworthy the way she talks about the looming figure of the “skinny little girl” in hypothetical terms rather than specific terms. Also, it is interesting but not surprising that she invokes ‘thinness’ as a reason her boyfriend might be stolen from her. In a culture that prioritizes thinness over all other attributes particularly in women and girls, it is unsurprising that Erica would perceive other girls as threats (i.e. thinness, as opposed to intellect, charisma, or personality). In other words, sexism - which places a disproportionate pressure on girls to be thin rather than intelligent, outspoken, or political - informs Erica’s view of herself in relation to her peers.

We see a glimpse of resistance to thinness discourses in the following moment in Erica’s interview, but only for a moment before she reverts back to the thinness-leads-to-happiness worldview:

‘Cause being skinny, like say you like a guy, like they’ll go after your friend because she’s skinny and pretty and all that stuff it’s like just because I am more heavy, doesn’t mean I’m not as pretty as her, which is something I’ve had to learn and had to deal with. And it’s hard to do. Especially after being put down. Like I’m understanding it
now and I’m happy with myself now after losing the weight but I can be happier and I will be.

While Erica might somewhat recognize that attractiveness and heaviness are not necessarily mutually exclusive - that one can be ‘heavy’ and still be as attractive as someone who is ‘thinner’ - this resistance to dominant ideologies around weight quickly dissolves into an abidance to those very same ideologies: “I’m happy with myself now after losing the weight but I can be happier and I will be” (emphasis mine). After resisting thinness discourses, she immediately contradicts herself by talking about how her own eventual self-acceptance is necessarily bound up with a trajectory that leads to weight loss.

At another point in the interview, Erica directs our attention towards the social norms that guide male body image and subscribes to the idea that desire for the opposite sex is intrinsic, and not socially constructed.

I think with guys, they all have the same thing as us pretty much, they have to be big muscles and all that, but like for me I don’t see the point in that, yeah you ARE attracted to it but there’s nothing you can do about what you’re attracted to. Like you can be attracted to any type of person and they won’t be attracted to you back because of the way you look.

In this part of the interview, Erica understands desire as something that is experienced individually. She states that “there’s nothing you can do about what you’re attracted to” which implies that she views desire as completely innate, and not socially mediated through dominant discourses on desire, and the socialization of desire. I would argue that her perspectives on desire indicate acquiescence to the way things are. She states that people’s sexual desires are a matter of course, rather than stemming from social processes (i.e. media, dieting and fitness industry) that birth ideals and standards around beauty.

**The Maternal Body and Maternal Responsibility**

She demonstrates a voice of outright body rejection when she says:

With the way I look from being pregnant [chuckles slightly] like if you saw my stomach, like I’d tell everybody, like don’t have a kid, like this is what it does to you! Like, my stomach’s messed up, it’s all extra skin, I had to have a c-section, and that’s even worse.
She discourages others from having children on the basis that it will transform their figure. This implies that she regards appearance as a factor that should be prioritized over and above motherhood. From a feminist perspective, it is sad and unfortunate that Erica’s views on motherhood have been so contaminated by thinness and dieting discourses, that she would reach a point where she would feel as if her body had been ‘spoiled’ by giving birth to her daughter.

Erica also uses the voice of ‘maternal responsibility’ as a way of rationalizing her current dieting strategy:

We just wanted to be healthier, for me pretty much and my mom also has four other grandkids, so she wanted to be able to keep up with all of them and I just wanted to feel good about myself again. ‘Cause if I don’t feel good about myself then [name of daughter] feeds off my energy. So if I’m upset and crying, she’ll be upset and crying. We feed off, like she feeds off of it. So I don’t want to be upset all the time or down on myself or then she’ll start feeling it and she’ll start being upset which will get me like aggravated kinda and I’ll just need to like, take a break, and ask my mom to watch her for a couple minutes or something.

In order for her to be a better, she feels she must lose weight so she can “feel good about [herself] again”. Devoid from this perspective, however, is a recognition of the social forces that might shape her corporeal anxieties. Feeling good about herself is seen as purely an individual experience.

‘Kay’ (‘White’)
Fear of ‘Fat’ vs. ‘Not Caring’

Kay consistently demonstrates an awareness of the dual, contradictory voices that often permeate her consciousness around fatness. Listening to her mother constantly talk about her weight has affected her, to a great extent:
My mom, my mom always said she was so fat\textsuperscript{29}, she was so fat, she should stop, like she wants to lose weight, she always said she was so fat. Nobody else ever talked about it, just my mom, that’s all I remember at least, right? But now I find myself being like “oh I’m so fat!” you know “oh my God” and I’m really not fat all [chuckles] but she always said that right, so, that’s what I always say now. I’m always like, I’m always like ah ahhh I’m so big, oh my God what happened like, people are like “are you joking? You’re tiny!”

Kay is aware of the social processes that have constructed her relationship with her body, and how she has inadvertently modeled her behaviour after her mother. While she finds herself voicing her concern and anxiety about being ‘fat’, she also recognizes that her actions contradict these very anxieties:

Well clearly I don’t care that much ‘cause I eat like a friggin’ horse so I obviously don’t care that much. But it’s weird because like I don’t gain weight, I don’t, I just don’t, it just doesn’t happen, so I don’t really have anxiety about getting that big, but like I worry like “oh my God, what if I had another child, what if I ended up like my mom” you know, ‘cause my mom was really tiny up until she had me, the second kid right, that’s when she started gaining weight. That’s when I was like “oh my God, if I got pregnant again oh my God I’d get so fat”. I’m not concerned right now, unless all of sudden I started.

While she says “I’m not concerned right now”, her other comments about fatness anxiety seem to contradict this, hence: “But now I find myself being like “oh I’m so fat!” you know “oh my God” and I’m really not fat all [chuckles] but she always said that right, so, that’s what I always say now. I’m always like, I’m always like ah ahhh I’m so big, oh my God what happened”. Clearly she is, to some degree, concerned even if she recognizes that her current concerns are predicated on an illusory self-image that she has internalized having listened to her mother’s distressing, repetitive cries about being ‘fat’. Here, we see evidence of conflicting voices within a participant’s narrative, parts of which Kay herself acknowledges its dissonance. What is also interesting in this interview is that although the participant admits to poor eating habits, those habits are not reason enough

\textsuperscript{29} Words from transcripts that are underlined signify that the participant emphasized these words during the interview. Kay was the only participant who very strongly emphasized certain words over others. She had an extremely animated manner of speaking.
to change her behaviours just so long as she maintains her current ‘tiny’ physique. This logic is inherent to mainstream media discourses which marvel at celebrities who do not work out and eat poorly, but are still ‘tiny’. Healthy eating and exercise are sold more aggressively to, or understood as more urgent for, those who have weight ‘problems’. The current emphasis on exercise and healthy eating for those who have larger bodies reproduces stigma towards these bodies, and reinforces sizeist beliefs.

Kay again contradicts her comment, “I’m not concerned right now”, when she launches into an anecdote about the process that occurs after smoking marijuana. Distress, or concern, in this instance, comes across very strongly:

Wherever whenever, like, I don’t say it as much anymore actually, but I used to say it, like I say it a lot when I like, like when I eat a lot of food or something like okay I smoke weed sometimes, okay, smoking weed makes you eat, makes you hungry, I tell my mom to do that sometimes ‘cause maybe she’ll eat, all [chuckles], and then, I don’t do it all the time maybe once a week when I don’t have my baby, and then um, I’ll eat a lot, like I’ll eat a whole bag of chips, I’ll eat like a big plate of food, and I’ll eat some candy and I’m like “oh my God! I’m so fat!” like that’s when I say that, yeah, like when I’m just sitting there munching on that food. I’m like “holy! I’m gonna get fat here!”

Her voice of “oh my God! I’m so fat!” and “holy! I’m gonna get fat here!” indicates that while she may not ‘care enough’ to restrict her caloric intake or take other measures to quell her anxieties about the possibilities of becoming ‘fat’, she is still concerned enough to know when she feels she has gone overboard in regards to food consumption and what that overconsumption might entail for her physique. The voice of anxiety that accompanies her overconsumption of food is perhaps a method of surveillance over her eating habits, a way to at least make her aware that she has violated the feminine norms that govern women’s eating behaviours.

After describing her previous concerns around weight gain before she became a teenager, she emphasizes again that since she eats like a “pig” in her present life, she “obviously [doesn’t] care”. Her constant mediation between her voice of ‘caring’ and ‘not caring’ is an internal struggle that we see during the course of the interview:

So growing up, actually when I was way younger, when I was like, 10, I met my sister when I was 9, like my half-sister ‘cause of my dad, I met her when I was 9 and we work out every day, like in the gym I was like 9
years old like oh my God, like I’d work out all day every day, we’d go like 60 laps in the pool like, it was really bad, I was really concerned about getting fat when I was younger, so I’d work out tons, when I was 9 to 10, I really, um worried about gaining a lot of weight but now I obviously don’t care. Like I said, ‘cause like I eat like a pig.

It appears that she defines ‘not caring’ as not taking a proactive approach to weight-related issues. However, if she did not care entirely, would she still find herself saying “I’m so fat” in these particular situations as well? She goes on to say:

Yeah sometimes but I don’t – I work out like once a year [chuckles slightly] I don’t even care. Sometimes I’ll be like “oh we should go work out together when I get a babysitter let’s go” she’ll be like “yeah let’s go” but we never end up going, I do talk about it with her.

While physical activity is not a priority for her, she probably cares to some degree, if she brings up working out with her younger sister sometimes. At the very least, the option is part of her consciousness even if ultimately, she does not actually end up making a trip to the gym.

**Anxiety and the Post-Pregnant Body**

Like Erica, who demonstrates high distress towards her stomach post-pregnancy, Kay has similar anxieties towards her body because of breastfeeding. Her voice of body rejection is very visible here:

Like after I had my baby, I breastfed my baby and my boobs, they look really ugly now like oh my God, I will not take my shirt off for anybody, like no. I will not even go swimming with a bikini on, it's just not gonna happen, so it makes me really self-conscious with my boyfriend and stuff like “don’t touch me, like get away” like sooo when I see other girls I’m like “oh my God you have such a nice body!” like in magazines more like you know, all fake. That’s the only thing obviously like my body has after having a kid, it’s affecting me, like my boobs, that’s the thing that irritates me, like I can’t, I’m so self-conscious about it you know, yeah.
Her distress is heightened at the sight of images in the media, even though she recognizes there is an element of illusion to these images (“all fake”)\(^{30}\). Her distress towards her post-pregnant body has manifested itself into insecurities in her personal and intimate life. These anxieties, her voice of ‘body rejection’, continue in other parts of the interview as well:

Not very like, hardly ever, unless I see a magazine or see it on tv, like “oh man, look at her, look at her boobs they’re so nice!” but mostly, I mostly say every day I’ve gotta get implants, I need to get some implants I’d be so much happier. But I haven’t gotten around to it because I haven’t got the money for that.

**Gender and Eating**

Kay acknowledges that eating behaviours are gendered, but when she is pressed to explain why this is, she is at a loss for words:

K: Yeah. I think boys eat a lot more, they definitely eat a lot more [pauses] and they just like chow it down, they don’t even care but – I’m like that too, but some girls like in schools they’re really like self-conscious like guys will think they’re gross because they eat, you know what I mean like, if they eat like, get it on their face, like I see girls in here like “oh my God, I don’t wanna eat in front of him, it’s embarrassing he’s gonna think I’m such a pig” “oh my God! It’s just food! I mean he’s eating too like, c’mon!” I used to be like that but I’m not anymore I eat whenever I wanna eat.

C: Why do you think that is about the girls and the boys having

K: I – honestly I have no idea ‘cause like guys they don’t care at all, they eat, they eat. Girls they’re just, I guess they’re self-conscious or like they don’t want guys to think if they’re eating this big burger that they’re fat or something you know like. I guess that’s the way I used to look at it, like “oh he’s going to think I’m gross, ‘cause I’m eating this big, like fast food” or something you know.

C: Why is that gross?

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\(^{30}\) Her reference to fakeness could either be in regards to the digital manipulation of media images of female bodies or the actual manipulation of the female body, via surgical processes like the breast implant. Either way, she recognizes that media images or images of models in magazines are, to a certain extent, deceptive.
K: Well I used to think that's what they would think about me. But inside I was like “oh this looks so good” [chuckles] I don’t know why, I never, I never knew why I felt that. But I see girls today doing the same thing. I don’t know why. I wish I knew.

It is interesting that Kay is able to explain how girls experience anxieties around eating, but not why. While Kay’s actions indicate a resistance to gendered scripts around eating (e.g. she ‘chows down’ just like the ‘boys’), her understandings of gendered eating behaviours do not encompass a societal or structural explanation of the way things are.

**Weight and Health**

When I asked what she thought of a friend being on Jenny Craig, Kay responds:

I think it’s good, it’s good, she’s...doing good, it’s not like she’s starving herself, she’s doing it properly, it’s good if she wants to be healthy right? It's good I’m happy for her but yeah.

It is worth noting that Kay classifies the Jenny Craig weight loss strategy as a ‘proper’ way to lose weight, as opposed to ‘starving oneself’ which is something Kay does not endorse and implicitly views as the ‘improper’ way to shed weight.

In another section of the interview, Kay discusses the connection between healthiness and weight:

I would consider obviously myself not healthy if I were bigger. I wouldn’t consider my healthy. If I like gained a bunch of weight, like, 10, 20 pounds, I would consider myself unhealthy... But people can be bigger and healthy too right?... Like not like obese, some people just have a big bone body structure you know? Sometimes they’re just naturally big, and they still eat healthy, they still are healthy, yeah but then again you can still be small and be unhealthy. Like me, I'm sure not I’m not the healthiest person, I don’t eat that good.

In the context of her own body, she would consider herself unhealthy if she were heavier by ten to twenty pounds. However, in the context of weight and health more generally, she believes that weight is not necessarily connected to health in all situations, and includes her own health in this explanation (i.e. she does not consider herself at optimal health even though she generally thinks of herself as ‘small’). She does not include obesity in her definition of healthy; while she believes larger bodied people can be
healthy and smaller people can be less healthy, obesity is still singled out as an unacceptable bodily state.

C: And what does obesity mean?
K: Like [sighs] like 200 pounds and up? That’s pretty big, man. Like even for somebody like 6’2 like that’s pretty... big like, not actually. Okay. For someone’s who’s my height I’m like 5’2, so if I were 200 pounds, I’d be obese, I’d be [inaudible] at some stage of obesity, I’m be, somethin’ wrong with me. [chuckles] that would be bad. That’s what I consider obese. Like when you’re fat, you’re really heavy. Like you’re... really heavy. Weigh more than you should.

Kay unequivocally views obesity as a negative, unhealthy condition and goes so far as to say that if she were ‘obese’ there would be something ‘wrong’ with her. This view on obesity is perfectly in accordance with mainstream medical opinion on the subject.\textsuperscript{31} However, the fact that she recognizes that there is some flexibility when it comes to weight and health makes her slightly critical of mainstream opinion on weight (i.e. that one must be a certain size and weigh a certain amount to be regarded as ‘healthy’). This voice of critique is not extended to those bodies who fall under the ‘obese’ category though. She conceptualizes obesity as exclusively problematic.

Kay withholds judgment when people ask her how she maintains her figure despite her voracious appetite. The following anecdote may offer a glimpse into the weight-related discourses of adolescent girls. Achieving a slender physique is prioritized over health for health’s sake:

Um, no because I’m just a hypocrite because obviously I don’t eat healthy at all, like I do eat vegetables and nutritious stuff sometimes but, sometimes [name of friend 4] for example, this morning she says “why are you so skinny” or something, like “how are you so skinny if you’re eating so much?” I’m like “well” like I didn’t say it to her but sometimes I just feel like just being like “well, your body type, maybe you should eat a little more healthy, ‘cause clearly you gain weight over eating like a meal, like a fast food meal” right? Me I just like, it’s nothing. So. I feel like sometimes saying things to people like giving

\textsuperscript{31} Please see Haslam. Sattar & Lean (2006); Caballero (2007); World Health Organization (2000) which all endorse the view that obesity is an epidemic.
them suggestions on how to eat healthier but I don’t. ‘Cause I feel bad
[chuckles slightly].

Kay casts her friend’s unhealthy eating behaviours as problematic because it causes her
to gain weight, but leaves her own unhealthy eating behaviours unexamined since for
her, eating unhealthily does not translate into weight gain. For instance, as long as her
regular consumption of fast food does not lead to weight gain, her unhealthy eating
habits can remain intact. This voice is accommodating of dominant discourses on the
body which idealizes the slim female form and takes for granted the assumption that
healthy eating practices are only necessary if they are employed for the sake of weight
loss.

‘Stacey’ (‘Caucasian’)

Gender, Beauty, and Pregnancy

While Stacey demonstrates an awareness of the role that gender plays in body
primping practices - and that girls are socialized to put more effort into appearance
upkeep - she nevertheless admits to abiding by these social expectations, especially
with pregnancy:

S: Yeah, ‘cause I think for girls, we, like well most of us try a little
harder than guys do, right? Guys are just, they wake up in the
morning and put their clothes on and that’s about all that they can do,
girls you know, you hafta put on make up, and do your hair and all
those kinds of things yeah I think girls care more about the way that
they look than guys, well some girls [chuckles] I do! [chuckles]

C: Can you tell me about that? Caring about the way you look?

S: Well and especially being pregnant I felt as I was getting bigger I
felt like I was getting FAT, and so I would you know spend more time
doing my hair or makeup than I would you know, regularly, because
being pregnant you feel fat [chuckles] you feel like you don’t look the
way you did before. I think after I had my son, I started like
concentrating on the way I looked more because I felt like I didn’t look
the way I did before, my body wasn’t the same and yeah.

Stacey elucidates the direct correlation between increases in pregnancy weight and
increases in beautification regimens in her own life. The more she believes she is
becoming ‘fat’, the more effort she feels she needs to put into applying makeup and
styling her hair. Since she feels her weight gain has made her less attractive, she feels she can only be attractive again by intensifying her beauty routine.

**Body Image, Self-Blame**

When asked what she thinks influences body image, she responds,

S: Nothing, myself. I’m the only like, people might say stuff about me but like, I think those aren’t the ones that get me, the ones that get me are the ones I think of myself, like you know, if I think I’m fat in this spot then that’s what I think but.

C: So you think it’s really just your own kind of stuff, insecurities?

S: How I think about myself is probably the biggest thing for me ’cause but I don’t do anything about it [chuckles] so, I guess I might, must not care that much right?

Stacey blames herself for her body anxieties. The sexist, sizeist social structures and discourses that no doubt permeate her life\(^{32}\) are left unexamined as her body anxieties are explained through the lens of individual self-esteem and even self-blame. By this logic, if she were ever to try to remedy these concerns and attempt to cultivate self-acceptance towards her body, she would likely use an individualistic approach aimed at correcting herself, and not the oppressive structures around her.

**Peers and Eating Behaviours**

When asked what she thinks about how other teen mothers in her program eats, Stacey responds:

Umm, well one of the girls right now she’s doing the Jenny Craig Diet and I don’t know how she’s doin’ it, ’cause everyday she gets like this small little meal and I’m like “I need like triple the size of what you’re eating” but yeah, we talk about it, but everyone normally comments on the way I eat because the things I eat sometimes [chuckles] like “how could you eat so much sugar?” and stuff like that, so they

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\(^{32}\) I don’t think it’s controversial to assume that everyone who lives ‘on the grid’ in Western societies have been influenced to some or great extent by dominant body ideologies (see Wolf, 1992; Bordo, 1993).
comment on how I eat. We all comment on how each other eats but usually we’re just joking around.

The small portions her classmate consumes on the Jenny Craig diet amazes Stacey, and she remarks that she would be satiated by no less than three times what her classmate eats. An optimistic reading of this portion of her interview would interpret her narrative as being resistant to dieting practices. “I need like triple the size of what [teen mother on Jenny Craig] is eating” could be interpreted as a way for her to distance herself from the dieting practices of her peer. Also, her remarks tell me that she is aware on some level of how ridiculously small her friend’s dieting portions are because she would need “triple” the amount to satisfy her.

Pregnancy as Exception to Rule

However, the following portion of her interview reveals that her eating behaviours and attitudes towards eating are completely connected with the fact that she is pregnant with her second child:

S: Like, sometimes I like to take a spoon and dip it in the Nutella and eat a scoop full of Nutella and [other teen moms are] like “oh my God! You’re gonna eat that?” and I say “yep!” I don’t really care, I’m pregnant, I don’t, I don’t really care [chuckles].

C: Do you think that’ll change after you’re no longer pregnant?

S: Yeah I know after I’m pregnant if I keep eating like that then I’m never gonna lose any weight or gain weight, I might gain weight so, I don’t want to. But right now, I’m at the point in my pregnancy where I just kind of don’t really care [chuckles] anymore, I feel like I’m gaining too much weight anyways, so might as well.

C: I think a lot of moms feel that way, anyway. My friends who go through pregnancy, they start like, pregnancy like gives them more flexibility-

S: Well, and when you first start off in the beginning you’re all “okay I’m going to eat healthy” and then as you go along you’re just like “whatever.” Can’t tell, yeah I don’t know.

Stacey views her pregnancy as a state of exception when it comes to eating. Her attitude of ‘not caring’ what she eats or being particular about her portion sizes are due to her being pregnant, a time when her anxieties towards food and her body do not figure quite as strongly in her consciousness. She has given up on the idea of abiding by nutritional guidelines, hence her statements “I don’t really care, I’m pregnant, I don’t, I
don’t really care”, “I’m at the point in my pregnancy where I just kind of don’t really care [chuckles] anymore, I feel like I’m gaining too much weight anyways, so might as well”, and “when you first start off in the beginning you’re all “okay I’m going to eat healthy” and then as you go along you’re just like ‘whatever.’” She has resigned to the idea of eating healthy. Since she has already “gained too much weight” she feels she “might as well”. Her giving up on healthy eating during pregnancy is based largely on the fact that she has already gained too much weight. A discussion of eating healthfully for the sake of her health and the health of her baby does not enter the discussion. The discussion entirely revolves around weight.

While she treats her pregnancy as an exceptional time in her life, she also looks towards her postpartum life that is rapidly approaching with deep concern. “Yeah I know after I’m pregnant if I keep eating like that then I’m never gonna lose any weight”, she says.

‘Annette’ (Mixed Heritage)

Media and Resistance

Annette generated a sophisticated analysis of the media’s role in shaping girls’ body image during the interview:

S: I think there’s a lot of things that you know, influence a lot of women, like they see magazines and all this photo touch ups and stuff and they’re like “oh how come I can’t be like that?” a lot of girls wanna be skinny but it’s kinda, I don’t know how you’d explain it like, false advertising in a way like nobody’s really perfect and yeah.

C: Can you tell me more about the media and how that might influence body image?

S: I think it makes a lot of girls when they’re younger kinda look at themselves differently, um.. kinda comparing themselves a lot to girls in magazines, on tv, stuff like that, girls who are overweight when they’re little they wanna be skinny. Which leads to like ah being bulimic and you know, just disorders like that.

C: You mentioned a really interesting term, you called it false advertising? What is that?

A: I think it’s just nobody’s perfect, I know they touch up every face, and you know, cake on the makeup and then, do special effects to make them look however, it’s just like basically false advertising it’s not really the real person you’re seeing. [laughs]
C: So do you think those types of advertising affect, advertisings that you see in the magazine does that affect you at all?
A: Not really to me, I’m older now so I kinda I could care less, like I know about the way that they do the things that they do to fix everything up so it’s just yeah [laughs].
C: I think that’s interesting ’cause like I’ve talked to a lot of teen girls about this and most of them have been influenced by the media – what’s your, how do you avoid that or not avoid that but like-
A: Cope?
C: Yeah cope or have such a level head about it?
A: Ahh I don’t know, I mean I’m pretty confident about myself, like yeah, sure I wish I didn’t have stretch marks on my hips because I had a baby and I was perfect like that too, but like I said nobody’s perfect and I now know that.

Annette’s discussion about “false advertising” is a voice that is critical of the body ideals sold to us by the media. In spite of the critique, Annette admits she wishes she did not have stretch marks on her hips from having a baby. While Annette is critical of the media, she nevertheless has feelings of longing for the ‘perfect’ body that even she recognizes does not exist. She says twice in this excerpt “nobody’s perfect”, which is an interesting way of expressing scepticism towards body image. I find it interesting because in stating “nobody’s perfect”, she still implies that the concept of bodily perfection exists - even if the concept cannot be embodied by anyone since “nobody’s perfect”. Why covet perfection if the concept eludes us in our daily lived realities? Does Annette’s idea of perfection coincide with fabricated media images of perfection (e.g. images that are digitally manipulated in order to give models flawless skin and proportions that are impossible to acquire)? Annette’s remarks - while among the most critical statements made out of all the interviews - still buttress the idea of perfection without interrogating how it is produced.

Gender, the Body, and ‘Choice’

Like Stacey, Annette is aware that gender plays a role in issues of body image:

A: Um I do think there’s a difference ‘cause, especially even now, um, men are always wanting to go to the gym and work out, just get bigger bigger and bigger and there’s girls who always wanna go out, get their nails done and do their hair, stuff like that, so I think that might be a little bit of...
C: Do you see that, um, for men wanting to get bigger, at school?
C: What do you think of it?
A: Um, I think you know it’s totally up to them and it’s their choice, as long as they’re not doing steroids or something [chuckles], ’cause that’s not good.

Despite her earlier critical assessment of media images, she does not question the phenomenon of boys going to the gym to get “bigger bigger and bigger”. She believes engaging in such behaviours is an individual choice and only feels the behaviour is problematic once there is steroid use. This reminds me of Stacey’s comments about how body image anxieties are influenced mostly by herself. Annette’s insights into male bodybuilding and body image leave social structures and dominant discourses that influence male body anxiety unquestioned and intact. Boys at school wanting to get bigger is viewed as acceptable behaviour governed by their own free will. Annette understands the need for boys to get “bigger, bigger and bigger” through the lens of ‘choice’. The discourse of choice is compatible with consumerist discourse that supports the notion that the desire for particular products and lifestyles are decisions made by ‘rational’, ‘free willed’ consumers.

Gender and Eating Behaviours

Like Kay, Annette says she does not know how to explain gendered behaviours in eating:

C: So why do you think boys eat more than girls?
A: I don’t know, I think they’ve always kinda been like that, my boyfriend could eat like three plates of food and like I’m still working on my one [laughs] like they just, so yeah so men can just easily inhale their food in five seconds it’s crazy.

C: Why do you think that is?
A: Ahhh, I don’t know, I’m not sure. I just know that guys love food. [laughs]

Like Kay, too, Annette is able to articulate how boys eat differently than girls, but not why. While Annette is able to eloquently explain the role the media plays in influencing
body image, it is interesting that she is at a loss for words when it comes to explaining gender and eating behaviours.\footnote{33}

**Anxiety and the Post-Pregnant Body**

In this excerpt, Annette discusses both caring and not caring about the stretch marks brought on by pregnancy. She conveys these contradictory thoughts one immediately after the other:

C: And um when are you most likely to feel uncomfortable in your body?

A: Probably being in a swimsuit \[laughs\] \[inaudible\]. Yeah.

C: Can you tell me more about that?

A: Ummm, with the stretch marks that I got from having the baby, I get all nervous like ‘oh no people are gonna be looking at my stretch marks and they’re going to think this, and they’re going to think that.’ Yeah.

C: Does that cause you a lot of anxiety, the stretch marks?

A: Not really, I kinda like when I went to the beach this summer I just kinda wear shorts, bikini top and ‘cause they’re kinda on my lower back but like whatever so I don’t really mind, I have a kid as you can see \[laughs\] so.

She expresses anxieties about what people will think of her stretch marks and shrugs these worries off quickly after saying, “I have a kid as you can see”. This dual consciousness – of worrying and then letting go of these worries – perhaps indicates that both sentiments exist in her thought process. She views having a baby as a way to excuse the appearance of stretch marks on her body.

\footnote{33} Kay and Annette’s shared responses of uncertainty when it came to gendered eating behaviours made me wonder whether they had explanations for this discrepancy but did not feel entitled to voice them. This reminds me of Carol Gilligan’s (as cited in Kiegelman, 2009) analysis of adolescent girls’ voice of “I don’t know”. Were Kay and Annette’s expressions of uncertainty serving as a “cover for knowledge”?
Having a ‘Fast’ Metabolism

Though she admits to having some concern over her stretch marks, Annette is a participant who shows the least amount of worry towards her body. Relatively speaking, Annette holds little anxiety towards her appearance and physique. However, this may be due to the fact that Annette feels she is underweight, weighing under 100 pounds post-pregnancy. While it can easily be argued that body anxieties are felt by thin, medium, and large-bodied girls alike, being considered by society as thin or underweight quite possibly partially shields Annette from the types of anxieties displayed by her peers.

Here, Annette discusses being underweight or ‘thin’ and how this influences the way the world responds to her:

A: ...I don’t know I’ve tried to gain weight but I have a really fast metabolism which is really strange like about two weeks after I had my daughter, I was able to fit into my old jeans again, it’s just all of a sudden all the weight had just shut off, and I gained about 25 exactly yeah.

C: And so, ’cause a lot of women have trouble I guess, they have concerns about losing their pregnancy weight, did you ever talk to anybody about the fact that, like how did they respond?

A: Well one time I was in Walmart and there’s another mom and her daughter’s about the same age as mine, she’s like, she’s like “how come you’re so skinny? How’d you get so skinny” I’m like “I don’t know it just disappeared” and she’s like “I still have all my baby fat! [laughs] it’s not fair” so it’s like that’s the only time I’ve ever really talked about it. I know that my boyfriend’s mom was like “holy how’d that happen?” [laughs] like yeah so it’s just like yeah, it’s strange. I don’t know how that happened [laughs].

C: So your body was probably made that way or something?

34 While ‘thin’ girls may be viewed by ‘larger’ girls as ‘having it made’, that does not mean ‘thin’ girls don’t experience their fair share of body anxiety. When as an adolescent, I was underweight, the compliments I would receive from others were in a way torturous because I felt they would stop if I ever began eating more and exercising less. The spectre of the ‘fat girl’ haunted me continuously during this period of my life.
A: Yeah I just like, I think I just have a really high metabolism, my dad does, like I could, I go through weird stages of eating like I’ll wanna eat and eat and eat for like a week and then for like another week I’ll barely eat anything, it kinda changing. My dad I know he could eat a lot and he, he never gained weight. He’s still actually really skinny.

Annette’s thin, post-pregnant body is viewed with envy by another mother at Wal-Mart. In our culture, ‘fast metabolisms’ are viewed as virtuous. This is a culture that encourages the consumption of foods that are nutritionally deficient (e.g. ‘fast food’) and penalizes those who gain weight from eating these foods. Unlike Kay, who says she has a fast metabolism but finds herself saying “I’m so fat!” now and again, Annette does not exhibit any of the same anxieties around fatness. That she considers herself underweight does not appear to be a cause of concern. Since thinness is regarded as virtuous in our society, it is not difficult to see why being ‘underweight’ does not hold any of the stigma associated with being ‘overweight’.

‘Mary’ (‘White’)

Gender, Femininity and Body Image

Mary expresses a disdain for girls and feminine culture. Says the participant,

C: And let’s see. Do you think being a girl influences body image?

M: Sure [laughs] most girls but doesn’t really faze me, I’m more stuck on daughter at school and all that stuff, I can go to school in my pajamas, I really don’t care [laughs] it’s – this is me ready right now, pretty much. Um, I have to go home have a shower still, haven’t started my day yet, like I see tons of girls like Fake and Bake, like leather, it’s disgusting – I know this girl who’s like probably ummm, that orange colour, and her skin looks like you could peel it off, it’s so bad, and yeah it’s just disgusting.

And then slightly later in the conversation:

C: So how do you feel like – you were talking about Fake and Bake and all how do you feel like you relate to the other girls

35 For explanation on this term, please see earlier footnote on ‘Fake ‘n Bake’ on page 68.
M: I don’t. All they want to do is like look gorgeous, and they look like sluts at school, like during the winter the one girl will wear high heels and a mini dress, like [inaudible] use your brain right. I don’t know. I don’t like girls, no offense, [inaudible] I get along with guys a lot better, more laid back and relaxed and they’re not trying to – well they are trying to impress but they’re not doing it in stupid ways, like Fake and Baking and dressing like a slut. Yeah I don’t put up with them quite often [chuckles]

C: Do you find that um, sounds kinda like, you’re not the traditional girl

M: No. I’ve never hung out with girls. Got a few good girl friends but that’s about it. I won’t put up with them [chuckles]....

Mary expresses internalized misogyny. She cites behaviours such as dressing in high heels and mini skirts, fake sun tanning, and being and looking like “sluts” as reasons why she does not tend to hang out with girls. It is interesting that while she eschews and resists dominant gendered scripts, she is also derisive of girls and femininity. This voice of resistance to femininity then overlaps with an oppressive voice that caters to sexist stereotypes about girls and women. In other words, her refusal to conform to gendered behaviours is circumscribed by her contempt for other girls.

Body image anxieties were not part of Mary’s adolescence. She recollects:

M: I hung out with the guys [chuckles] so. It didn’t really bug me. A few of my girls would talk about it but whatever I don’t think [inaudible] and they didn’t care how much they weighed as long as they’re out doing something and most of them were out doing sports and everything [inaudible] last time I did volleyball and all that. I wasn’t too concerned; I don’t really give a crap about other people and what they were doing [chuckles] it was more get what I need done, done.

Here again Mary demonstrates a resistance to gendered scripts and displays little to no concern about her body image. Her confidence is apparent in the comment “I don’t really give a crap about other people and what they are doing”. Her female friends also flout the dieting script; Mary claims they do not talk about weight but rather are involved
in athletic activities. Her comment that her girl friends “didn’t care how they weighed as long as they’re out doing something and most of them were out doing sports and everything” is perhaps indicative of the role a healthy dose of physical activity can play in improving the body image of teenage girls.

Anxiety and Weight

However, even someone like Mary who displays such resistance to gendered scripts when it comes to weight, contradicts herself later during this following discussion:

C: And ah let’s see. If you had not lost the weight, if it wasn’t so easy to lose the weight after you gave birth, do you think that would’ve been an issue with you?
M: Yeah I probably wouldn’t have tried, but just because I don’t like the extra, just ’cause I wasn’t like that before, I could always go back down to my normal weight, and I’m still a little bit over my normal weight, I was 115, 120 before, I’m 125 now, but it doesn’t, whatever [chuckles] the older I get the more weight I’m going to gain anyways. [inaudible] I’ve gotten taller since too so.
C: What do you mean by you don’t like the extra weight?
M: I don’t like having the extra stomach, like my mom has her big belly and you know, if I’m not part of it I don’t want the extra stomach. I don’t know.
C: Why not?
M: I just don’t like it. I don’t know. No specific reason I just not comfortable with it - I never had it before so, why put it on now, when I know I can go back down to my normal weight if I tried. But. I don’t know. I’ll get to it eventually like I said I’ve grown almost two inches since I had her, so I’m still growing right? So I know I’m still gonna gain weight? And I’m gonna... yeah, so.

It is interesting that while Mary expresses her resistance to weight loss discourses, she is still nonetheless uncomfortable with the idea of post-pregnancy weight. It did not take much effort for her to lose her pregnancy weight, but she imagines she would be slightly

36 While some female athletes still face disordered eating and body image anxieties, no doubt being involved in athletic endeavors can dissuade weight-related anxieties. Being involved in sports and getting physical exercise can aid in boosting mental health (Palmer, 1995; Alfermann & Stoll, 2000).
concerned if she still carried the extra pounds. Furthermore, she does not seem to know exactly what motivates this discomfort. This voice of ‘not knowing’ perhaps reflects the ways in which girls are not socialized to question the broader social structures that affect their lives. Like Stacey, who felt that her body image anxieties reside within herself, Mary connects her own hypothetical anxieties to her individual feelings and personal discomfort, hence her statement "I’m just not comfortable with it".

**Weight and Health**

Like some other participants, she inserts a weight discussion into discussions about health:

C: What does it mean to be in good health?
M: Healthy and fit; proper diet, veggies, fruit, grain, all that crap. Um, it really depends; some people don’t work out, some people have to or they gain the weight. Like my boyfriend he has a really high metabolism; he could probably live off chocolate and junk food and not gain any weight.

When queried to define ‘healthy’, she states that some people need to work out or they will gain weight. She also responds by saying that her boyfriend eats unhealthily and does not gain any weight from his eating habits. In a culture that repeatedly measures someone’s health by their weight, it comes as no surprise that someone as non-conformist as Mary would still subscribe to dominant messaging on the issue. The connections she draws are clear: the thin body is healthy and must not engage in physical activity; the larger body is unhealthy and must engage in physical activity.

**‘Tanya’ (Mixed heritage; with Aboriginal Ancestry)**

**Weight and Anxiety**

Tanya, throughout her interview, voices her obedience to societal beauty norms. In the incipient moments of the interview, there is this exchange:

C: ...so was losing weight that was important to you? Can you tell me more about that?
T: It was like, one of my main concerns after having [name of son], besides [name of son], that was like my first priority was getting my body back. That was like one of the things when I first found out I was pregnant that I was, couldn’t like handle that, that my body was gonna
be ruined. It’s like, the first thing that made me think that I didn’t wanna keep it. Yeah.

C: Can you tell me more about that?

T: Well [slightly sighs]. I don’t know. You go - especially in summertime, you know you have so much um... stress, so much pressure to look good in a bathing suit and even now, I was just on the website applying for the Last Ten Pounds Bootcamp, it’s a show, in the Lower Mainland I wanna go on it because I’m struggling to lose my last little weight. But. Yeah I just um.... for me like, I just don’t feel good. I don’t feel like I, I don’t feel like I can really enjoy myself and be who I am unless I feel good about the way I look. I’ve always been a little like meatier than I’d like to but it’s never been a real issue, just felt like right after I got pregnant, it was kind of a shock to see the changes in my body. So that definitely was a priority for me.

C: It’s interesting that you say that thing about the bathing suit thing. I’ve interviewed quite a bit of teenage girls, and they have the same concerns, they’re not necessarily mothers, both mothers and non-mothers, is that something that is part of adolescence, like needing to look good in a bathing suit?

T: I don’t know. It’s just the feeling that I think it’s the feeling that you know that people think you look good, you know you look good, um... you’re, you know, you’re a girl that looks good in a bathing suit, not a girl that’s uncomfortable you know wearing, wearing one. And... I just think if... yeah, I just think if you don’t feel confident in a bathing suit then you just, it’s just not, not complete.

C: And um, is that how you felt before you got pregnant?

T: Ah yeah, I’ve always felt like that, I’ve always felt like I need to like... feel good about the way I look in a bathing suit. Um. Before I got pregnant, I was still not quite where I wanted to be, but I was... happier the way I look then, than I do now. Than I am now. Yeah.

That she remembers body image being one of her main concerns in determining whether or not she would keep the baby is profoundly important.\(^{37}\) She uses ‘ruined’ as a way to describe how she felt her body would be transformed - which is I would argue an extremely disconcerting, overwhelmingly negative way of looking at transformations

\(^{37}\) When assessing whether or not to keep a child, oftentimes I hear pregnant women and girls discuss whether they are financially capable and whether ‘it’s a good time’ to have a child; the relationship with the child’s father; the circumstances around what led to pregnancy, etc. That she prioritizes body changes among her concerns in deciding whether or not to have a child indicates to me that Tanya, even before the pregnancy, was already experiencing significant body image anxieties.
that occur during pregnancy. In other words, she views pregnancy as a process through which her body will be ‘spoiled’. By using this language to describe what pregnancy does to the body, Tanya’s narrative corresponds with powerful fitness discourses which are in the business of telling women that getting back to their ‘original’, pre-pregnant figures is imperative.

Tanya, later in the excerpt, confesses that changes to her body brought on by pregnancy came as a shock and that she wanted to lose the remaining weight she gained, but we also find out that her body has been a subject of discontent for her since before her pregnancy. While she wants to lose the “last little pounds” (a return to her pre-pregnancy weight), she was never happy with her body to begin with, pregnant or not. This is completely aligned with a capitalist worldview, where the quest for self-perfection (whether through bodily transformation or material acquisition) is not only seen as acceptable but is wholly encouraged.

Tanya states she feels incomplete if she does not feel good in a bathing suit; this remark corresponds with sexist beliefs about women relying extensively on their bodies to instil them with self-worth. What is noteworthy is she consistently emphasizes that she will feel good if she looks good in a bathing suit, but does not venture beyond this incipient analysis. Like Stacey, Annette, and Mary, it has become quite common in these interviews for participants to articulate how things are but not offer reasons for the state of things.

Tanya has a very particular definition of the perfect body:

C: Okay. What is the perfect body? You mentioned one of your cousins has a perfect body.

T: Well she’s close to perfect [laughs] - perfect body to me, if I could have a perfect body it would be like... um, not huge, like decent-sized breasts, like maybe C-cup, that aren’t saggy or anything like that, a nice flat stomach without any stretch marks and um, ah, a nice bum, curvy bum, big bum, not huge but just like proportioned.
While the media is often blamed for perpetuating a particular body ideal, this does not take into account that the types of physiques people covet often vary. In the case of Tanya, her definition of perfection is so specific that in its particularity becomes remarkably unachievable for the vast majority of girls and women. One would be hard pressed to find someone with the body type to which she alludes.

‘Being on Display’ and the Male Gaze

Tanya goes on to say:

C: Do you think being a girl influences the way that you feel about your body?
T: Yes because lately I’ve been feeling like, [inaudible] I just feel like there’s a lot of, I just feel like everything lately that relates to guys is about sex, I don’t know why, just seems like that lately. Like ah, if I feel like sometimes when I look good one day and I go out, and I see people look - like the first thing when they look at my face, they’ll look down right? So. Definitely like being a girl and feeling like I’m on display all the time. Like I know that, if I walk by a guy or I walk in front of a - chances are he’s going to look at my bum right?

Tanya is aware that she is being looked at and that her body is ‘on display’, which brings to mind feminist critiques of the objectification of women. She recognizes the existence of the male gaze and that her body is being ‘watched’ or evaluated. Her voice displays an awareness of this gendered reality but does not query the reasons behind it.

Further to this discussion on females being ‘on display’, Tanya says:

T: Being on display it was so awkward it was just like “oh my god!” I feel like every inch of me is just being like... nitpicked or something, or just like even like, even girls like if they’re not like checking me out, I just feel like they’re comparing themselves to me or something. ‘Cause

38 The findings from the Adolescent Voices on Eating Project (Tucker, 2010) suggest that while adolescent boys and girls all have specific ideas about what constitutes desirable male and female bodies, none of the participants wanted a fat body. Similarly, the participants in this study varied in what types of bodies they found desirable (thin, toned, curvaceous, etc.), none of them conveyed the ‘fat’ body as desirable. Jenny, for instance, talks about being accepting of her short, curvy body but admitted to being turned off by her fiancé’s body after he gained weight.
I know I do that to girls sometimes. If I see a really pretty girl, I’m like “oh, she has it better” or, “I’d like to look like that” or something. “Or I wouldn’t want to look like that.” [laughs] You know.

She has internalized patriarchal scripts that demand girls compete with each other in regards to their appearances. This particular worldview acquiesces to patriarchy in that women are expected to be competitive with one another. This worldview also abides by patriarchal scripts because it encourages girls to unhealthily fixate on their looks, at the expense of helping them cultivate intellectual and other forms of personal fulfilment. From this perspective, women are encouraged only to care about their appearance and their bodies.

**Race and Body Image**

While Tanya abides by sexist scripts regarding women’s bodies, she is resistant to the racist, sexist scripting of Aboriginal women and girls. Her mother is of First Nations descent, and Tanya offers this anecdote about what it meant to grow up with First Nations ancestry and be a girl:

C: Do you think being First Nations, forgot to ask you, do you think that’s - ‘cause you talked about how being [name of ethnicity] has influenced your body, do you think First Nations does?

T: Um. yeah. I think so. Because... when I when I was younger, like not so much now but when I was younger, you know, people would say things like “oh you’re the hottest Native I’ve ever seen” or like make comments about how Natives are not like good looking people or, I always got that impression from people that nobody was like, other than First Nations they would think that they were overweight or like lazy or something like that. Because they are stereotypes about that kind of stuff. There’s being lazy or drunken or whatever.

C: And how did that make you feel, when they would say something like that?

T: When someone would tell me that I was the hottest Native that like they had ever seen, that just made me like, like “fuck you!” [chuckles] “that’s not a compliment, you just put down like...” I don’t know that just. I don’t know it bothered me.

C: And also putting down your family and stuff like that.

T: My family. Some of my friends, you know? My whole race. [chuckles]
This encounter appears to demonstrate not only an awareness of the racial derogation of Aboriginal women, and Aboriginal peoples in general, but an unapologetic resistance to it. She is aware of the racist tropes that paint Aboriginals as 'lazy' and 'drunken'. So, too, is she aware of the racist tropes that portray Aboriginals as unattractive. She regards this as an insult to the community(ies) to which she belongs. In addition to being tuned into this racism, she refuses compliments and is insulted by a person telling her she was the "hottest Native that... they had ever seen". In stark contrast to her obedience to gendered beauty socialization, Tanya resists this moment of racism directed towards her Aboriginal heritage. She is appalled by the remark due to its offensive, harmful connotations.

‘Julie’ (Mixed Heritage)

Body Anxiety and Female Adolescence

Julie, like Tanya, Erica, and Stacey, consistently voices her acquiescence to dominant body ideals. Julie expresses her anxieties around graduation. She would like the experience to be perfect and she wants to get into shape for the occasion:

J: [Graduation is] so significant because, for me it’s like like, looking and like taking a picture and having it as memory, like, “wow you look good, you look healthy and stuff and like not over-stressed”. ‘Cause like over-stressed people do eat, and look and like their result is like crap. So for me to have like, um, a toned body is like what’s healthy pretty much. It’s kind of like really rewarding just to see it, and just to have a really good result. And like, as of right now actually, I didn’t pay for my grad, because I’m not sure if I wanna go. I’m still undecided but the due date was already done, I think, you can still pay for it, but I’m just so undecided because I’m not ready, like my body’s not ready for it and my dress isn’t ready as well and, grad is such a big thing. Like, I want the perfect dress. I wanna have like lights on me and then. Yeah just. Yeah so, I might not go.

Julie’s voice is acquiescent to media messaging around graduation. It sounds like she has a huge investment in looking good for this occasion, so much so that she has not yet purchased tickets for the occasion because she is concerned “her body [will not be] ready”. What should be a harmless, happy event - which allows students the opportunity to celebrate the conclusion of high school - has come to represent something that looms large and intimidatingly in the imaginations of girls such as Julie. It is evident that she
views health as invariably connected with the ‘fit’, ‘toned’ body. Those who are ‘stressed’ ‘eat’, and ‘the results are crap’. By ‘results’, I am guessing that Julie means eating will produce the overweight body, which in her mind, is ‘crap’. This seems to be a safe guess, given her strong focus on thinness in her narrative.

**Body Image and the Cult of the ‘Fit’ Body**

Julie, throughout the interview, claims allegiance to oppressive body image ideals and her remarks demonstrate almost no resistance at all to these discourses:

C: Okay, so um let’s see. What do you think it means to have a healthy body image?

J: Hm. Healthy body image let’s see, my descriptive would be like... tight like tight and like not jiggly kind of thing, but also like with... like, see when people wear clothes, like you hide that body image of yours, so like when it’s like a bikini, some people are afraid to wear it because you’re hiding all that fat, and you’re like, showing it, your true colours kind. So... a descriptive of healthy body image would just be like, you know, like, I guess like fat not hanging out of your jeans kinda thing? [slightly chuckles] That’s a big thing and big arms like me, I have like big arms, kinda like gelatin like arms kind of, so it doesn’t look good...like... and like stomach needs to be, not - not completely in but like not popping out kind of. So it’s just like healthy like. I don’t know.

Julie’s description of a healthy body image subscribes completely to dominant fitness discourses that celebrate the toned, ‘fat-free’ body. While conventional understandings around healthy body image are often defined as a general acceptance of one’s body, Julie’s definition reflects another understanding altogether. In order for someone to have a healthy body image, in Julie’s opinion, she would need to possess a body that was “tight”, “not jiggly”, with “no fat hanging out of your jeans”. This definition is purely driven by aesthetics and a loyalty to fitness, thinness, and dieting discourses. Nowhere in her discussion of body image does she talk about the importance of self-esteem or self-acceptance. Her definition is completely aligned with mainstream constructions of beauty.

**Sexual Politics and the Body**

One way that Julie gauges the attractiveness of her body is by the ‘quality’ of the guys she attracts:
J: I don’t know, like it’s kinda like the guys who doesn’t have a lot to offer will pick me kinda thing.

C: And how does that relate to your body?

J: ‘Cause... it’s like, I believe it’s ‘cause, I don’t know, like maybe if I had like, maybe if I was more fit, and looking more healthy then maybe like, another guy would see me and kinda like pick me on the spot. Although I have had one of my ex-boyfriends was very fit, like, it was crazy. He was like top um military something something I don’t know um so he’s really fit but just like for him being fit is just like I’m like this blob of fat, and it’s like it just made me feel so bad. Yeah.

C: So what difference would it make if you were fit and the types of guys you would go out with?

J: I don’t know maybe more fit - or no, he’s fit but like, like all the guys were pretty fit, but maybe just like, maybe like athletic boys versus like people you don’t maybe do sports. And like, and to like hanging out in the mall, like loser people like, although one of the, the fit guy, he’s like a pilot, he’s like a pilot now, not like big planes but like, glider planes and like other planes. So like yeah, that was probably like the first guy I’ve ever dated, athletic type of guy, which I’m like attracted to those people right, but it’s just, them attracting to me is just like not the same, so. It’s just, it would just be different, like they would maybe look at me as “well you know she’s healthy, she’s the type of wife I’d like to have”. [inaudible] they would date me right, so um.

Julie’s voice of acquiescence to patriarchal scripts here is tremendously noticeable. She links the type of figure she has with the kinds of guys she perceives she will invariably attract: “[i]t’s just, it would just be different, like they would maybe look at me as ‘well you know she’s healthy, she’s the type of wife I’d like to have’.” Julie has internalized an archaic patriarchal narrative - where attracting an appropriate husband and getting married are priorities in life. Within this narrative, she thinks of herself primarily through the limits and potential of her body. She believes that if she only had a ‘fitter’ body then she might be capable of attracting someone from the opposite sex who is athletic and ‘not a loser’ like the guys she feels she tends to attract.

It is interesting that within the context of talking about how her body is incapable of attracting athletic guys, she also mentions that she has in fact dated an athletic guy. It was just that she was uncomfortable dating him because she conceived of herself as a “blob of fat” standing next to him. Her ideal body would serve as a means to attract a better type of mate. Her current body attracts only ‘losers’ who ‘hang out at the mall’
(even though this claim is undermined when she mentions she once dated a guy who was athletic).

‘Lacey’ (‘First Nations’)

Gender and Body Image

Like other participants, Lacey believes that gender influences her body image:

C: Do you think being a girl influences body image?
L: Yeah. [chuckles; sighs]
C: Can you tell me more?
L: Ah I just think looking good, but I don’t know, I just ah... I don’t know. I enjoy making myself look good I guess, I do my hair and do my makeup and just like feels good. I don’t really have, I think I do it more for myself than other people, I don’t really [inaudible] I just being presentable in some way, but yeah...

While she acknowledges the role gender plays in influencing body image, Lacey still believes that her desire to look good is internally driven. Her statement “I... enjoy making myself look good” arguably contradicts her prior assessment that gender plays a role in constructing body image. Since gender is a social category - and Lacey views it as relevant to the issue of body image - does it not follow that her desire as a girl to look good also flows from these gendered expectations? A pattern that begins to emerge across the narratives is the shared emphasis on the role of individual choice in producing desire or subjectivity. Like I have previously argued, this ideology is rooted in a consumerist, capitalist logic.

Weight Loss and Health

Like other participants, Lacey’s narrative privileges weight loss and thinness. This particular anecdote reinforces my argument:

C: Yeah. Let’s see. Do you ever talk about eating or food with your friends?
L: Ah sometimes, me and one of the other girls will talk in the class about just, we’re both, trying to eat healthier, so we’re like, cheering each other on. You know, like “eat healthy” and you know “go work out” and like... yeah.
C: So can you tell me more about that, like that relationship you have with your friend and eating healthy and... working out? What that’s about?

L: I don’t know it just... ah... it’s just something we both kind of were planning on doing. And we’re both kinda started doing it. And it just worked out that way. So. Yeah.

C: And why did you decide to do that?

L: Um... because I gained a lot of weight after I stopped breastfeeding and then, yeah. I just like lost [inaudible] yeah.

Like Kay, eating nutritiously and engaging in exercise are perceived as primarily strategies for weight loss, and not strategies for being healthy. The fact that healthy behaviours are often inspired by the desire to lose weight reproduces sizeist, oppressive beliefs about the body. Through this lens, healthy practices are not viewed as inherently positive, as they should be.

**The Pregnant Body and Resistance**

Unlike Stacey, who was unhappy with her body during pregnancy, Lacey had refreshingly positive insights when it came to her experiences with being pregnant. When I asked her how it felt to be pregnant, she responded:

Amazing. I loved being pregnant. Just having a baby and watching it, and being able to lie down and watch the baby move in your belly, is an amazing experience. Yeah.

This perhaps represents a voice that is embracing of motherhood, regardless of the bodily changes it brings. Lacey was fascinated by the ‘magic’ associated with pregnancy, and marvels at what her body is capable of doing during this period of her life. Instead of mourning the loss of her pre-pregnant body, she embraces the experience of carrying her child and the physical changes it brings.

Conversely, Lacey’s views towards her post-pregnant body are not as warm:

But I mean once I stopped breastfeeding, I gained a lot of weight. It was just my body was really out of whack...

While she reflects on her experience of being pregnant positively, she considers her post-pregnant body “out of whack".
Body Image and Post-Pregnancy

When queried about her stretch marks, Lacey raises important discussion points:

C: Um... ah when you’re with your family members, do ever have conversations about body image since you’ve given birth?
L: Body image since I’ve given birth? Not really. Maybe stretch marks, but I never got got that bad stretch marks so.
C: So tell me about, I’ve heard this term ‘stretch marks’ many times when I’ve been interviewing teen moms. Can you tell me more about that? What is this? I mean I know what stretch marks are but what is the whole concern about stretch marks?
L: They’re just there but I mean like... my mom, my mom [inaudible] she’s like "stretch marks are there so you notice that you’re time to be a mom and not a hooch." [both chuckles] ‘Cause I mean you get stretch marks here, your legs, boobs, I didn’t get stretch marks [inaudible] but like you know what I mean? Like it’s just ah, it’s just um... I have stretch marks I don’t really care, I think maybe being young and having stretch marks, of that it’s there...[inaudible] when you’re pregnant, take bio-oil and there’s stuff to get rid of them now so. I don’t know. I’m not too concerned about the stretch marks really.

Here are subtle contradictions when it comes to her views on stretch marks. She twice states that she is not too concerned about her body since giving birth. First she responds “not really”, then “I have stretch marks I don’t really care”, then “I’m not too concerned about the stretch marks really”, but there appears to be a disjuncture in her explanations. She says she is not too concerned with stretch marks and then says “but I never got that bad stretch marks so” which leads me to wonder whether she is suggesting she would have been concerned had her stretch marks been more noticeable. But she also states that there are ways to correct the stretch marks (e.g. bio-oil). While she claims she does not care about her them, she still implies that they are problematic, and should be remedied.

Health and Physical Activity

In contrast to a few of the other participants who refer to physical activity only in the context of weight loss, Lacey’s discussions here are refreshing:

C: If you didn’t have the baby, you’d probably be going to the gym?
L: Yeah.
C: Is that weight related?
L: Um, I think it’s more... being healthy, I mean I walk a lot. I do what I can. We do stuff in the classroom, at school you know like, I think it’s just like contributing to a healthy lifestyle. So.

The fact that she refers to physical activity for health’s sake is a shift away from the conventional logic perpetuated by her peers. Her emphasis on being healthy is a positive departure from the weight-related priorities espoused by other participants such as Julie, Erica, and Tanya. However, it is important to note that earlier in the interview she also talked about going to the gym and eating healthfully for the sake of losing weight.

Again, her health-related comments are expressed a little later:

I tried dieting once when I was younger, it was horrible, I was hungry and I just ended up gaining more weight on the diet ’cause I didn’t know that just not eating and eating one big meal a day is gonna really, do nothing for you, so it’s just, it’s not I don’t know I think, I think people shouldn’t have to diet unless they’re like, need to, like they’re gonna die if they don’t lose weight, like it’s... it’s not like, people don’t need to diet, they just need to be healthy.

“[P]eople don’t need to diet, they just need to be healthy” seems be a much more productive and sensible approach; this comment, again, stands in stark contrast to many of the remarks made by her peers. This voice, which resists the dominant discourse of the dieting industry, is one that offers hope in a dismal world of oppression based on size.

‘Jenny’ (Mixed Heritage)
Resistance to the Cult of Thinness

Like Lacey, Jenny in many parts of the interview introduces a voice that rejects thinness discourses:

C: Do you think being a girl influences how you feel about your body?
J: Oh definitely yeah. Girls are... like the stereotype. A girl you need to be like really skinny, long hair, nice skin, I don’t know. I... came to terms that like not every girl is like that... I’m not like that. I have like, and I think it’s kinda better to like, be like actually kinda womanly as opposed to being like a little girl. I don’t know. Just like stuff like that. ’Cause like I grew up like, I we never like fat or anything I just, I’ve always had like big hips and a butt [chuckles] but my sisters have
always been really skinny and tall, I’m always kinda like hippy and short. So.

C: When did you come to that realization that, you wanted, you’d rather be womanly...

J: Probably a year and a half ago?

C: Can you tell me more about the circumstances around that, like why you did that around that time.

J: Mm, I don’t know. Mostly ’cause my fiancé kept saying I’m pretty the way I am and like, he wouldn’t like if I was really skinny and all that kinda stuff, he wouldn’t care if I was or not, but he likes me the way that I am and I don’t need to change anything.

She resists societal expectations that demands thin, ‘little girl' physiques from women and girls and instead chooses to embrace her ‘natural' ‘womanly' figure. She is “hippy and short” while her siblings are “skinny and tall”. Unlike Julie, who feels like a black sheep among her thin family members, Jenny has learned to embrace her status as a ‘curvier' member of her family. Jenny also receives emotional support from her fiancé who boosts her self-worth by telling her he loves and accepting her ‘the way she is'. According to Jenny, her fiancé played a pivotal role in helping her gain body acceptance and appreciation towards her “hippy” figure. Clearly, the presence of loving and accepting people in one’s life can influence a voice of self-approval.

When pressed to explore other reasons why she has a tendency to be so accepting of herself, Jenny responds:

Well like I said, I grew up with my mom and my nana, mostly my nana, I’ve watched her like, she probably you haven’t heard of it, there’s this program called [name of program], it’s like where a whole bunch of, my nana bring me with her, a whole bunch of really really big, fat people, older ladies, go there, and they like talk about their self esteem issues and um, they write down how much they weigh at the meeting and then they try to diet themselves down and go to the next meeting and see if they lost any weight. And I’m like “well I don’t wanna be like that when I’m older” like I don’t wanna have reminders like my nana she has in her mirror, she’ll open her mirror something will say “you’re beautiful the way you are” and she has to remind herself of it. I don’t know. I think that’s kinda sad. Like I made a, it’s really stupid, but when I was younger, I made um kind of like a poster thingy. I got this picture out of a magazine. Of like a chubby teenager, wearing like garden panties and that said um... “You Are Who You Are” was the title and it says “you’re the beautiful, you’re unique” ah “you are strong” and oh I forgot what it was but it was really good though. But it was kinda like a, all these things like "you
are you” and it said “you are you” at the bottom. So you don’t have to like change for anyone else.

It is interesting that a formative moment in her life - accompanying her grandmother to what a dieting and self-esteem group - helps determine what she does not want to become. Furthermore, there is a slight contradiction in her narrative because while she does not want to become like her grandmother (i.e. who needs to literally surround herself with messages of self-acceptance and self-love) she remembers an ad she found in a magazine a while ago that contained a similar message and credits it for positively influencing her body image.

Jenny’s voice of resistance to dieting discourses continues here:

C: Do you think peer pressure affects the way teen moms eat?
J: Not me. But there’s some girls in my class that are like, “oh I can’t have that, it has fat in it and I have to lose weight” and they always talk about like “I have to go to the gym” and um... like “oh I can’t have so many calories.” So yeah, I think it does. And they’re already skinny too like this one girl in my class, her name is [name of girl], ah sorry, she’s really really skinny and she’s like, on like I don’t know, well she has time to work out so I’d probably be working out too if I had time for it. But I wouldn’t be like “oh I can’t have a certain amount of calories” and all this kind of thing.

C: Is that how they talk or she talks?
J: Yeah and so is like other people in my class too. But there are some that just don’t care. But like, caring is a good thing, like if it has like a bunch of MSG and fat and all that kind of thing. Yeah. Watch what you eat if you’re eating that, but if it’s like a cream cheese bagel once in a while, then who cares. It’s not going to kill you, or do anything to you. [chuckles] So.

Her easygoing approach to eating indicates that she has none of the anxieties that are exhibited by some of the other participants, like Erica, who defines her relationship to eating as an addiction, or Kay, who repeatedly says “I’m so fat!” after eating ‘too much’, or Julie, who feels guilty for ‘giving in to’ ‘temptations’ like ice cream. It is noteworthy

39 Within the context of this discussion, it does not appear that her wishing to work out if she weren’t as busy is weight-related, more health related.
that while Jenny approaches eating from a health perspective, she also does not see the point in going overboard with being ‘healthy’: “[b]ut like, caring is a good thing, like if it has a bunch of MSG and fat and all that kind of thing. Yeah. Watch what you eat if you’re eating that, but if it’s like cream cheese bagel once in a while, then who cares.”

**Fat Phobia and the Discourse of ‘Letting Yourself Go’**

While it does appear that Jenny has a sensible approach to eating and the body, she has still internalized some of society’s fat-phobic tendencies:

J: Oh! I just realized yeah, I kind of influence him [her fiancé] to eat better and take care of himself because he, he let himself go when I had a baby. He caught all the weight, um yeah so I’ve been like, trying to like, not make him work out or anything but I’m like, ‘cause I started to like be like unattracted to him, so I’m like “well what if I let myself go” and I had like he looked like he was eight months pregnant but, and I’m like “you know” like, “you’d feel the same way”, he’s like “okay” so he’s at work now, he’s roofing, he works out ‘cause we have a weight bench at our house, so.

It is interesting that she applies a ‘let yourself go’ discourse to this situation, which is a term I have often heard applied to women who are seen as no longer taking care of their physical appearance after becoming mothers. After her fiancé gained weight, she no longer felt attracted to him and tells him so. This demonstrates that even someone with positive body image like Jenny can still be intolerant to fatness.

**Health and Weight**

While she is discouraging of her fiancé who gained weight while she was pregnant, her views on fatness are more open-minded than how she displays it in her personal relationship:

C:Um so what does an unhealthy body image mean to you?

J: Unhealthy is um... really, like obese, that causes like - it’s okay if you’re like fat or whatever, but if it’s like causing medical problems and stuff...and like it’s hard to like walk around like that, then that’s pretty bad.

While other participants, such as Julie, feel that weight is invariably tied with health, Jenny feels it is okay “if you’re fat” if it does not cause medical problems. She
medicalizes obesity only in cases where it causes health problems, such as lack of mobility.\textsuperscript{40}

Later on in the interview, however, Jenny says: “Sometimes I do say ‘oh I wish I could lose a couple pounds’ but then I look and I’m like ‘well I’m not like obese or anything; it could be worse’.” Clearly, she does view obesity as a medical condition. While she feels it is conceivable for someone to be ‘fat’ and healthy, she cannot conceive of obesity in the same way. On the one hand, Jenny is more democratic about her definitions of health than many people are; on the other hand, she believes obesity is fundamentally incompatible with health.

Also, it is clear from this statement that Jenny - whose narrative is overwhelmingly resistant to dieting discourses, still has some anxiety around her body, though very little compared to participants such as Erica, Tanya, or Julie. This shows that even among the most body-positive girls, negative body image messages can still be internalized. Her statement “[s]ometimes I wish I could lose a couple pounds” is a voice that reflects subservience to sexist weight-related discourse, even though other voices in her narrative are resistant to it. Even among those girls like Jenny who express the highest amounts of self-esteem, there are still elements of their narratives that abide by these oppressive perspectives.

However, Jenny also says:

Another unhealthy one is like... for example obviously, if you’re bulimic or anorexic, or like just like, just people can like not realize that

\textsuperscript{40} Some scholars critical of obesity discourse argue that medicalizing obesity only stigmatizes those who fall in this category. For instance, Rail, Holmes & Murray (2010) argue that “health promotion programs and literature should include alternative images and discourses of health that resist the discursive construction of health in opposition to obesity” (p. 275). Scholars like Rail suggest that measuring health from a predominantly weight-related perspective is counterproductive and harmful in our sizeist culture. That being said, I am still commending Jenny’s critical approach to dominant weight related discourses. She breaks the myth that people cannot be fat and healthy, which I would argue is an important step in combating sizeism itself.
they’re anorexic too like they’ll just think that they’re really healthy, like losing a lot of weight and it’s good for them but it’s really not.

By de-coupling weight loss from health, Jenny resists yet another heavily entrenched paradigm. Weight loss does not necessarily equal an increase in health; rather, it can be the contrary. Weight loss within particular contexts can be harmful to someone’s health.

**Resistance to Body ‘Improvement’**

She is critical of the manner in which body image anxieties have crept into the life of her mother:

Ah my mom, ah... sometimes she, my mom’s like really she self-criticizes, she ah just says like “oh I wish I had” ‘cause she wants to get Double D’s and all this kind of stuff, but I don’t know I just tell her like, that’s stupid. [laughs] Like it’s fake, it’s gross and it’s like plastic inside your body and die from it, it’s retarded. Yeah. [chuckles]

Here we see her taking on an instructive role when it comes to her relationship with her mother. It is fascinating that in this exchange, her feminist voice is attempting to teach her mother the perils of plastic surgery and breast implants. In this scenario, Jenny voices her resistance to sexist discourses that encourage women to hate their own bodies and want to fix them through surgical practices.

**Resistance to Dieting**

She is also resistant to dieting discourses when she says later in the interview: “I think [dieting is] a waste of money, ‘cause seriously you can just go to the grocery store and just buy a whole bunch of healthy foods, and don’t overeat.” While it is perhaps idealistic to assume that those who overeat are capable of using willpower to avoid overeating, this is still a refreshing interpretation of dieting. Furthermore, her analysis is economics-based - stating dieting is a “waste of money” also means that she is aware that there is a profit motive underlying dieting schemes. While it would be wishful thinking for me to assume that she has an anti-capitalist stance when it comes to the dieting industry, it is still nonetheless worth noting that she is aware of the economics side of dieting and that the consumer ultimately loses.
‘Kathy’ (‘Aboriginal/Native’)

Weight Loss and Body Image: ‘My Mind’s Mixed Up’

Kathy’s narrative is demonstrative of a teen mother who has internalized competing discourses around body image, while being aware of it:

C: And you’re trying to eat healthy for what reason? You mentioned it summer or-
K: Yeah by the summer, whatever.
C: What about the summer?
K: It’s just summer; it’ll be hot. We don’t wanna look like tanks walking around with strollers. [chuckles] But like, it’s [inaudible] but like we never come around to it because we just, in a way we don’t care. We’re just comfortable with it. And I’m like, everybody that we know together doesn’t mind us the way we are. Like people, like people who we socialize with don’t mind or don’t care what we look like. They don’t hang out with us, by image, they hang out with us because of our personalities. And like... I don’t know [chuckles] I wanna lose weight but other than that, like I don’t really mind it. If I lose weight I lose weight. It’s gonna be a process, but I’m not going to keep on it right away, like “oh this is my goal, I wanna lose this much pounds in three weeks” I’m not like that.
C: Can you tell me more about that desire to lose weight but not wanting to, not caring? I find that interesting, both sides of the coin.
K: Um... seeing down the middle of that, it’s just like, like my state of mind, like my mind’s mixed up. Whether I don’t want to or I want to. But what really, the reason why I don’t care is because I have everything I want. Like, I don’t need to get bigger, I don’t have to get smaller, that’s a thing that I have in the middle of it is that I have everybody in my life and I want nobody, like, I need to lose weight for, because nobody in my family care, they’re like “oh you’re eating” just sup- to us, but to Aboriginal person, it would just go to show that the person is eating. And like, that’s like, all Aboriginal people, like you see a lot of big one, there’s a lot of big Aboriginal people, like on a reserve, we believe that all you need is food and love. Like, there’s no money on reserves so that’s all we live by, the money and the love. [chuckles] No, not money, food and love. As long as you have food, and the love. That’s what it is, pretty much. As long as there’s eating, and as long as you’re loving.

In this excerpt, while Kathy maintains she and her friend do not want to look like “tanks” in bathing suits, she also asserts immediately after that that her and her friend “don’t care”, are “just comfortable with it”, and that people in their lives value their personalities. She then goes on to say that she still would like to lose weight, but is not urgent about it.
She admits that there is a disjunction in these feelings towards her body and says that her “mind’s mixed up”. I wonder if the “mixed up” thoughts she holds is in any way connected with the myriad messages she no doubt internalizes in her daily life - perhaps ‘girl power’ discourses intertwined with thinness and weight loss discourses?

**Race and Body Image**

She introduces Aboriginality to the discussion as well, stating that there are many larger-bodied Aboriginal people in her life and that food and love play a pivotal role in reservation life. Perhaps being a part of Aboriginal culture has protected her from engaging in harmful weight loss related behaviour. Having larger sized people in her life might have given her a more democratic perspective on body image. Nonetheless, even the protective role that Aboriginal culture has provided in her life does not completely discourage her from the desire to lose weight.

While there is reason to believe her Aboriginal heritage may play a protective, positive role in her life, she discusses being Indigenous through a very different lens sometime later in the interview:

K: ... Like, like my race never got into my eating like... I have pride. I have like... no, not at all, none of that has reflected onto my race.

C: Do you think being Aboriginal influenced the way you felt about your body, like sometimes like I think about how being Chinese, or Chinese culture has influenced the way I feel about my body, and that sort of thing, so what about for you?

K: Like Aboriginal, like I know what we look like, and I see, and like I get scared of becoming a bigger person because I’ve seen female Aboriginals and like their bodies, and it just doesn't fit, in my head, I don’t like the way they look, so I always try to prevent it, so either I’m skipping a meal or eating less but still I get like a large appetite where I’m eating like so much right? But I maintain what I got. I like being the size that I am. I enjoy when I eat. No, like, the only thing I don’t like, that will reflect on my race is the body, would be the way the body is shaped. The way it will be shaped.

C: Can you describe that to me more?

K: I see like muffin top women like

C: What’s a muffin top?

K: Muffin top is where your legs are skinny and then you go up, and it’s just like really feel bad for them kind of thing, like I don’t wanna be like, I don’t wanna become a fat person because like, every it never
fails, it never fails on an Aboriginal woman the way they’re going to form when they become obese and for Native people they always seem to have like a flat bum and like a big fat muffin top. That’s the thing I wanna prevent so like I try to maintain my weight by walking everyday, I walk sometimes I’ll walk for hours and like sometimes I’ll walk everywhere, sometimes I forget to eat.

C: So that’s interesting what you say about Aboriginal women, how does that compare to other types of women, how they gain weight?

K: Well like, other women, they look great when they’re gaining weight right? They’re getting bigger so they got meat on ‘em, but it looks good, and it looks like they’re eating right.

C: And how does it look good on them compared to

K: The way the weight is going on to them is that they’re going on to like they’re going into like places where I would want them to go, where on Aboriginals the weight just goes into your stomach and nowhere else.

C: Where would you want the weight to go if you had a choice in the matter?

K: If I were to put this away, I would want it to go down to my thighs or my butt, or like just, I wouldn’t want it to go anywhere, I would just like want it to be there, either way I wouldn’t want it to be there.

There are a few things going on in this section of the interview. While Kathy contends that Aboriginality has instilled in her a sense of “pride” – and this is consistent with what she previously discussed on the topic – this pride no longer holds true when she talks about Aboriginal female bodies. Also, recall that she previously stated that she was exposed to larger bodies on reservations in order to explain why she was not too concerned with being thin. But here, we see her distancing herself from those bodies, and depicting them as undesirable and problematic. She does not feel their bodies “fit” and just does not “like the way they look”.

It becomes clearer still within the context of the dialogue that she feels they do not fit within the normative frameworks of the “proper” feminine body. She refers to the expression “muffin top” to describe how Indigenous women look after weight gain and views this as inferior to the ways women of non-Indigenous backgrounds gain weight – in the thighs and “butt”. However, for all the favor she bestows upon the latter form of weight gain she still prefers no weight gain at all: “either way I wouldn’t want it [the weight] to be there”. While a pear shaped physique is preferred to a “muffin top”, both physiques are still inferior to the slim, ‘fat-free’ body. While Tanya is critical of the ways
racialized beauty ideals have been employed to denigrate Aboriginal women, Kathy subscribes to them. She buys in to essentialist discursive constructions of the Aboriginal female body (“muffin top”), disapproves of that body, and wants to maintain as healthy a distance from it as possible. While she expresses pride in her culture, she does not call into question societal norms that essentialize bodies based on race and that devalue Aboriginal women’s bodies.

To Diet or Not to Diet

Here is another example of competing voices in Kathy’s interview:

Dieting, I would never go on a diet, ‘cause I don’t need it. Don’t want it. Maybe at a later age, but right now, I’m a young person, I have whole life ahead of me. And like, right now it’s the time when I’m still young I’m a young mom, I’m a young person, I’m a teenager, that kind of stuff doesn’t cross my mind yet. [chuckles slightly] Like I really - dieting’s nothing to me yet. Maybe in a later day. But right now, it’s nothing.

While she is resistant to the idea of dieting, this occurs only within the context of her current life. “I would never go on a diet, ‘cause I don’t need it. Don’t want it”, she claims. She immediately contradicts herself after this remark by saying that maybe she will want to diet “at a later age”, “in a later day”. While Kathy begins the discussion by saying she would never go on a diet, it becomes evident that she has not actually dismissed the idea altogether. This also suggests that she feels there is some merit to it. Kathy’s laidback attitude towards body image translates into significantly lower levels of corporeal and eating anxiety than some of the other participants. However, despite her easygoing nature, she still harbours some problematic and oppressive assumptions about the body in general, and the Aboriginal female body more specifically.

Synopsis of Findings:

The participants in my study held complex views towards eating- and body-related anxieties that are not easily encapsulated in a simple synopsis. As I introduced earlier in Chapter 1, three key concepts that emerged in my analysis capture this complexity nicely. I found that participant responses were acquiescent, resistant, and contradictory when it came to engaging with dominant discourses on the body. These
framing devices are particularly useful in summarizing the results of this portion of my analysis:

Contradiction

Participants often contradicted themselves in their interviews, indicating the complicated nature of their understandings. The findings suggest that individual participants carry paradoxical understandings about eating and the body. This is a discursive disjuncture that sometimes even they acknowledge. “My mind’s mixed up”, says Kathy when discussing how she is pulled in different directions in regards to weight loss. I feel this perfectly illustrates the theme of contradiction. It is perhaps an expression of confusion in the face of the dieting, health, and fitness discourses with which they are daily bombarded.

Dieting and Health

Erica often confused the reasons why she was on the Jenny Craig diet. It seemed she was confusing her desire to be thin – and therefore to fulfill conventional aesthetic logic – with her desire to be healthy for herself and her daughter. While she nominally critiqued the idea that she was less attractive than her ‘skinny’ female peers simply because she was heavier, she opposes this critique immediately after by saying she is elated to have already lost some weight on her diet. She also perpetually connects her thinner days with happiness, even as she simultaneously recollects these days as seeming anything less than ideal. While she views eating healthily as a positive development on her path to weight loss, her views do not extend to her daughter, who she feels can eat ‘whatever’ she wants because she is skinny.

Fatness: To Care or Not to Care?

Kay’s fear of fat and resignation towards her unhealthy eating behaviours are in constant negotiation during her interview. Large sections of her interview contained discussion regarding how much her mother’s body image deeply affected her. Kay narrates her fear of fat repeatedly in her interview. She contradicts herself, however, by saying that she does not care too much about her weight: she continues to have a voracious appetite and does not limit her food consumption. These two voices seem to be in a battle during the interview.
Pregnancy, Post-Pregnancy and Eating Behaviours

Stacey is willing to forgo her healthy eating habits while she is pregnant and appears to view this stage in her life as exceptional. She will attempt to suspend her anxieties about food, but only while she is pregnant. This demonstrates that she may be distancing herself from the disciplinary measures or thoughts to which she might be accustomed while not pregnant. Optimistically, this act could be read as a sign of resistance, given that pregnant mothers are targeted daily by fitness discourses that convey the need for mothers to be healthy for the sake of themselves and their babies. However, Stacey also expresses her concern for her post-pregnant body should her voracious and unhealthy eating habits continue. While she may be resisting fitness discourses directed at her pregnant self, she subscribes to the fitness discourses that will invariably greet her post-pregnant self.

Stretch Marks: To Care or Not to Care?

Annette’s expression of concern towards her stretch marks varies in the interview. She admits to wishing she did not have them, but also states her indifference to them given that she has a child. Lacey demonstrates a similar attitude as Annette’s towards her stretch marks. While her stretch marks are not of tremendous concern to her, she still views them as problematic and does not interrogate the general desire mothers have to get rid of them.

Weight, Health, and Desire

While Jenny questions the idea that thinness is necessarily healthy and fatness is necessarily unhealthy, she is still turned off by her fiancé’s weight gain, interpreting this situation as a matter of her fiancé ‘letting himself go’. This double standard demonstrates a contradiction between her theoretical views on health and weight, and how she deals with these issues when they emerge in her personal life. She eschews her earlier critical assessments when judging her fiancé’s body. In the latter situation, she takes a sizeist perspective.

Gender and Femininity

Mary expresses her resistance to gendered stereotypes and does not want to embody feminine behaviour. From a feminist vantage point, this declaration could be
read as a courageous act: she is refusing what society expects of her, as a girl. However, these views are severely limited in their emancipatory potential since she has internalized misogyny, which partially explains why she tends to distance herself from femininity.

**Sexism, Racism, and Body Image**

While Tanya completely buys in to sexist beliefs about the female body, she expresses her disgust and resistance to the racialization and denigration of the Aboriginal female body. This can be read both as an anti-racist and feminist act, even within the context of her stated aspirations to achieve a thinner, ‘fitter’ body.

Kathy felt that being Aboriginal protected her from wanting to lose weight. Still, she conveys her desire to avoid morphing into the ‘overweight’ Aboriginal female form. She considers the ‘muffin top’ figure as unattractive and undesirable. She feels that non-Aboriginal women gain weight in the ‘right’ places, unlike Aboriginal women. Through this narrative, we discover the contradictory ways Kathy negotiates her racialization.

**Acquiescence**

**The Importance of Thinness**

Participants acquiesced to the views so often repeated in fitness, health, and dieting discourses. Many of the participants equated the slender body with health and attractiveness, and the ‘fat’ or ‘obese’ body with ill health and unattractiveness. Pursuing or achieving weight loss - be it through strategies like dieting, physical activity, or eating healthily – were seen as desirable and laudable undertakings. Erica viewed thinness as perpetually bound up with being happier. Mary felt that physical activity was a prerequisite if and only if a person was overweight.

Participants such as Erica, Tanya, and Julie perceived achieving the thin, toned body as a strategy for attracting male attention. Julie felt that achieving her ideal body would help her attract boys from athletic backgrounds, as well as make her more ‘marriageable’ in their eyes.
**Shame and the Post-Pregnant Body**

Many of the participants subscribed to the oppressive views that there was something invariably wrong with their postpartum bodies. For instance, Erica laments the ‘extra’ skin on her body, and Kay is embarrassed by the appearance of her breasts post-breastfeeding. Annette and Lacey both display to varying extents concern about their stretch marks. Mary states that she is uncomfortable with her excess postpartum weight, and Tanya feels like her body has been ‘ruined’ by pregnancy.

**Individual Problem, Individual Choice**

Participants like Lacey, Annette, and Stacey framed gender and body image through the lens of individual choice, which is compatible and complicit with Western consumerist logic. Stacey remarked that she influenced her own body image, while Annette stated that male fitness practices and their desire to become ‘bigger’ were their choice as long as there was no involvement of steroids. Lacey believes her gender influences her body image, but states that ultimately the desire to look good is for herself. Mary is uncomfortable with the idea of postpartum weight retention but cannot identify reasons for this discomfort. Kay recognizes gendered eating behaviour but claims she does not know why this is.

**Resistance**

**Weight and Health**

Some interviews contained moments of hope where participants pushed back against these oppressive discourses, narrating alternative ways of embodiment that were emancipatory. Some interviews contained parts where participants were critical of the assumption that being thin is healthy and being ‘overweight’ is unhealthy. Kay, for instance, commented on the fact that she is not necessarily the healthiest person because she has poor eating habits – this, despite, her ‘tiny’ frame and ‘inability’ to gain weight. Jenny felt that someone who was anorexic or bulimic could be unhealthy too, and upset the often-touted logic that striving to be thin necessarily leads to health.
Re-Constructing the Pregnant Body

One participant, Lacey, regarded her pregnant body with delight and marvelled at the changes. This response was unique within the context of all the interviews; it was the only time when a participant recollected being pregnant in a positive way.

Critique of Media Images

One participant, Annette, was critical of the media and its fabricated images and remarked upon the elusive nature of 'perfection'. She stated that no one could measure up to the concept of perfection as it is currently imagined. After being told by someone that she is the “hottest Native [he] has ever seen”, Tanya is revolted. She curses this person, and expresses her displeasure with his comment. This act can be interpreted as a resistance to the colonial scripts that historically and currently continue to imagine Aboriginal women and girls as undesirable, unattractive, and even, disposable.

The Importance of Health

Lacey expressed the need to be physically active for health’s sake, as well as the need for people to avoid dieting practices, stating the importance of being healthy instead. Similarly, Jenny endorsed a moderate approach to healthy eating, resisting the feast-or-famine mentality that often accompanies dieting practices.

The responses from my interviews indicate that there is much work that needs to be done in this area, and that teen mothers have internalized to a great degree dominant fitness, dieting, and thinness discourses. While there are occasions of resistance, these moments are all too brief. We need to explore strategies that will help prolong and normalize these moments of resistance in the lives of adolescent mothers. We need to construct new forms of embodiment that are not constrained to parochial body image ideals. We also need to find ways that will help reduce the moments of pain and sadness, which are so profoundly visible in the narratives of teen mothers. In the following chapter, I reflect on these voices of acquiescence, resistance, and contradiction, and the implications they – in addition to my other findings – bear on both current and future research and policy.
Chapter 5: Discussion

Acquiescence, Resistance, Contradiction

In the first section of this chapter, I will revisit and reflect on the themes that emerged in all four stages of my analysis, framing my exploration of steps 2 through 4 with the concepts of acquiescence, resistance, and contradiction that I re-introduced and explored at the end of Chapter 4. Further, I will explain how my findings add to existing literature and how they might inspire future research. In the second part of this chapter, I will engage in an initial discussion of how my research might affect policy and programming that serves teen mothers. I conclude my thesis on an optimistic note.

Reflections on Step 1

My thesis attempts to be an exploratory, and not a representative, study of adolescent mothers and their eating- and body-related anxieties. While it features only a small sample of participants, it nonetheless offers an important in-depth look into the internal psyches, worldviews, and lives of 10 adolescent mothers residing in the Lower Mainland of British Columbia. As stated above, since the participants were recruited through young parent programs in secondary schools and young parent groups, my findings do not capture the experiences of those not attending high school and/or not involved in young parenting groups. I earlier conjectured that this means my sample does not include those who are either severely economically and socially marginalized or extremely privileged, or those who for other reasons might not be in high school or need young parenting supports. Future research regarding teen mothers, and eating- and body-related anxieties might be well served to capture the demographic that is missing from my research. How might not being in secondary school or not being involved in young parent groups factor into their eating and body image related experiences? More importantly, do they?
The participants came from wide-ranging ethnic backgrounds, and self-identified in myriad ways. Only those who self-identified as coming from racialized backgrounds could identify how their ethnicities intersected with issues of body image, while those who self-identified as ‘white’ or ‘Caucasian’ could not. While there have been myriad studies on the role of race in influencing body image (Mintz & Kashubeck, 1999; Miller et al, 2000; David, Morrison, Johnson, Ross, 2002) across age groups, there is no research that explores how race influences body image in teenage mothers. Future research would look more closely at this issue. Further, future research might more deeply probe the ways in which self-identified ‘white’ or ‘Caucasian’ teen mothers understand their racial or ethnic identities.

While the participants came from diverse ethnic origins, their class composition varied much less. Most of the teen mothers are part of society’s lower class strata and identified their annual income at being under $25 000. Most of the participants are living below the poverty line, given British Columbia’s record in dealing with child poverty, minimum wage laws, and welfare (First Call: BC Child and Youth Advocacy Coalition, 2011; Ivanova, 2011; Klein et al., 2008). Those living independently with their children were living under British Columbia’s Youth Agreement. Future research might involve a qualitative examination of how BC’s teen mothers interact with the Youth Agreement. As it stands, there is nothing like this that exists. As stated in Chapter 2, the Youth Agreement comes attached with a host of preconditions that youth are required to meet in exchange for the ‘privilege’ of living independently. This exploration could inspire a critical look at the Youth Agreement and adolescent mothers’ relationship to the state. It could also influence policy change – for instance, alterations to the Agreement that would ultimately lead to an improvement in the lives of teenage mothers.

Many of the participants’ stories, or ‘plots’, challenged narratives about teen girls necessarily descending into a life of hardship should they choose to become mothers (Maynard & Hoffman, 2008; American Academy of Pediatrics, 1998; The National Campaign to Prevent Teen Pregnancy, 2002). On the contrary, their experiences actually subverted these discourses: many of their lives were troubled prior to pregnancy and motherhood, and stabilized either after finding out they were pregnant or after giving birth. What is very pronounced in their stories is their unhealthy attitudes towards their pregnant and/or post-pregnant bodies. This latter finding is congruent with the little
research that has already been conducted in this area (Stenberg & Blinn, 1993, Hellerstedt, 1998; Birkeland, 2003).

While some scholars have explored the role of relationships in adolescent mothers' lives (Cooley & Unger, 1991; Black & Nitz, 1996), there is little literature which involves how these relationships shape their body image. My study sheds light on the ways in which family, peer, and romantic relationships mediate their relationships to their bodies. Future research might want to explore the role of relationships even further, and the ways they might impact the body image of teen mothers.

**Reflections on Step 2**

Looking back, the themes of acquiescence, resistance, and contradiction not only emerged in the lives of my participants, they emerged in my life as well. I believe reflecting on how these three concepts affected my life allows me to further situate myself in the research – as someone who has, like my participants, been deeply affected by dominant discursive constructions of eating and the body. By reflecting on how these concepts impacted my life, I am able to better understand how the participants and I – regardless of our differences in age, generation, and class- were exposed to common discursive contexts that caused us to respond in common, contradictory ways.

As a teenager, I was acquiescent to media, fitness, and dieting regimes and discursive constructions. This was a period of my life when my pursuit for thinness took centre-stage, and I spent the bulk of my time engaging in extreme dieting and exercising practices. I was acquiescent to the comments that were made around me during my adolescence, where family and friends would pledge their allegiance to thinness through constant weight-related commentary: “you’ve lost a bit of weight, you look great!” “I’m fat. I really need to lose weight.” I bought into these comments. I felt being thin was the only way to make people notice me, and see me as someone of value.
I was deeply influenced and obedient to celebrity culture at that time as well. For instance, the actresses who starred on the highly successful television sitcom, Friends\textsuperscript{41}, profoundly affected me. At one point in the show, they all lost significant weight. Media commentators started referring to their physiques as ‘lollipops’ – large heads sitting atop skeletal frames. Their appearance initially alarmed me, but I quickly found myself longing to look like them. Their unhealthy, famished appearance had become the new ‘normal’ – the new standard of beauty and desire. I do not recall anywhere during this time that I ever significantly questioned my actions, or resisted media, fitness, and dieting discourses. This would come later.

When I got to university, I enrolled in a Women’s Studies course. My eating behaviours shifted into a healthier pattern during this time, partially because I was introduced to feminist thought, and partially because of my move across the country. My feminist professor influenced me to question the gendered narratives in my life. My disordered eating patterns improved, though not completely and still, there remained a desire to become thinner. This desire was profound some days, and a murmur on other days. This was a period of contradiction, where feminist discourses and thinness discourses pulled me in different directions.

I recall visiting the city where I grew up, Toronto, a few years ago and talking to a family friend, an ‘auntie’. She talked about wanting her daughter to lose weight and teasing her about it. I responded by telling her that I disagreed with her approach, and that in fact her daughter did not need to lose weight. I informed her of my own experiences with body image, and the implications dieting and draconian fitness regimes had on my life. I said to her that if she continued teasing her daughter and pressuring her to lose weight, her daughter would likely suffer from poor self-esteem and disordered eating patterns, much like I had. I recall this as a moment of resistance – a symbolic response to the sizeist remarks I had heard and experienced all throughout my adolescence.

\textsuperscript{41} Friends was a highly successful television sitcom that ran from 1994 to 2004 on NBC (IMDB, n.d.). It is currently still in syndication.
While I have argued that my social location is different to the participants of my study in myriad ways, we are all clearly informed by overlapping contexts and discourses. I think this segment of my reflections illustrates the degree to which our experiences are connected, even as our lives are tremendously different.

**Reflections on Step 3**

Through the I Poems, I tried to capture facets of the participants’ internal psyches, some which were acquiescent to mainstream discursive constructions of eating and body image, some which were resistant, and some which contained contradictions.

Erica and Stacey’s I Poems demonstrated an allegiance to the thin body. Their poems represented their belief in the promises that accompanied a thin physique: self-esteem and happiness. Both participants yearn to return to their thinner days. I think this narrative – the desire to return to one’s thinner self and a romanticizing of that thinner self – is one that deserves more qualitative exploration. There is nothing in the existing literature that deals with this matter in regards to adolescent mothers. Since nothing of the sort exists, future research directions might explore this theme in greater detail. Are teen mothers’ past experiences of ‘thinness’ necessarily as joyful and dilemma-free as they often credit them as being? Are these recollections accurate or mostly coloured by societal messages that thinness invariably brings happiness? I think this would be an interesting qualitative research project on which to embark: an investigation into how teen mothers project unrealistically positive feelings and attributes onto their thinner pre-pregnant bodies, or onto their thin hypothetical selves.

Kay’s I Poem acquiesced to dominant understandings about weight and health. She says she felt ‘fine’ about her body as a prostitute. She follows this discussion by explaining why she was ‘fine’: she was not anorexic, nor overweight, and maintained her current weight, though later in the poem we learn that she existed on a steady diet of convenience store hot dogs. Her body image is invariably linked with her size, with no reflections on health entering the discussion. This finding is in agreement with existing qualitative research that suggests adolescents often make a link between weight and health (MacNeill & Rail, 2010; Rail, 2009).
Julie’s I Poem elucidated how a seemingly random, harmless comment by a boy at school about her thighs caused her to become more self-conscious of her body. Therefore, this portion of her I Poem was acquiescent to thinness discourses. This body image related incident, and incidents like these, warrant further attention. Further research might involve focus groups with teen mothers, asking them to identify (if applicable) turning points in their body image. Are there certain events in their lives that significantly shifted how they felt about their bodies and themselves? How might identifying these moments help us shape ways to prevent these moments from happening?

Tanya’s I Poem illuminated her relationship with dieting, and demonstrated contradiction. While she remained seduced by the promises held out by dieting practices, part of her also doubted how realistic or necessary dieting is. The pervasiveness of the dieting industry instils in us a sense that we are not quite achieving our full potential and that their product can help us achieve our weight loss goals. Further, given that failure rates associated with dieting are astronomical, this area deserves further inquiry. While there is an abundance of quantitative research that explores the failure rates associated with dieting practices (Cogan & Ernsberger, 2002; Cummings, 2003), there is no qualitative research that investigates how teen mothers as a demographic negotiate their relationship with dieting practices. This research would, in similar spirit to my study, illuminate contrapuntal voices.

Annette, Lacey, Jenny, and Kathy’s I Poems all shed light on the potential inherent to these narratives. Their poems represent self-acceptance of themselves and/or their bodies. One poem even talks about healthy eating for its own sake – a veritable departure from the common tropes that value healthy eating primarily for the sake of weight loss. How do we amplify these types of voices in teen mothers? There is an abundance of research on the self-esteem and mental health of adolescent girls (Bolognini, Plancerhel, Bettschart & Halfon, 1996; Smith & Carlson, 1997) and some research that explores the self-esteem and mental health of adolescent mothers (Hermann, Cleve & Levisen, 2007; McVeigh & Smith, 2000). Future research conducted in the British Columbian or Canadian context might explore program options that could assist teen mothers talk and feel more positively about themselves and their bodies.
**Reflections on Step 4**

The narrative disjuncture rendered so visible in the contrapuntal voices of step 4 alerts us to the three distinct ways in which teen mothers talk about food. To return to the four studies I introduced on adolescent motherhood and body image in the first chapter – three that suggested adolescent mothers had negative body image (Stenberg & Blin, 1993, Hellerstedt, 1998; Birkeland, 2003) and one which suggested the opposite (Matsuhashi & Felice, 1991) – I feel that the narrative tendencies that happened across my interviews reflected these opposing findings.

At the same time, none of these four studies individually reflected this narrative dissonance in their findings. I believe that my thesis findings are necessary because they complicate existing literature that suggest either positive or negative body image. My findings suggest that teen mothers’ understandings on this topic are palimpsest and not easily pinned down, perhaps reflecting the complexities of their social contexts. Participant narratives suggest that beliefs on this topic are rife with internal contradictions and that teen mothers can harbour positive as well as negative feelings towards their body, and that these feelings and their belief systems are in a constant state of flux.

Future research might dig deeper into their social context, and specifically explore existing discursive constructions that are shaping their views about the body. How might these conflicting discourses create the confusion we see in their narratives? What steps might be taken to remedy this confusion on a policy or educational level?

**Future Policy and Program Directions**

Since I did not explore the ways in which teen moms interacted with policies and programs per se, this segment is meant only to stimulate discussion in this area, and not to offer tried and tested advice on specific policy and program implementation.
The Role of the Government: The Social Safety Net

Food insecurity was a theme that emerged in a few of the participants’ stories – not having enough money to buy food before, during, and after pregnancy were issues that surfaced in some of the interviews. Future policy recommendations would explore ways in which food and economic insecurity could be alleviated, through policy initiatives such as welfare rates, minimum wage laws, government benefits, and the creation of a Universal Childcare program.

The Role of Teen Mom Programs and Schools

Body Image Programs

There exists no body image component to the Young Parent Program, or ‘teen mom’, curriculum. In regards to eating, nutritionists come and speak to teen mothers about healthy eating. Further, teen mothers are taken through the aisles of a grocery store and taught how and what to buy. A discussion of eating disorders is not formerly part of the curriculum. If a student is seen to be exhibiting signs of an eating disorder, school officials intervene.

Teen mom programs might want to explore the option of incorporating a body image component into their curriculum, given that it is such a salient issue in the lives of teen mothers – particularly because of the transformations their bodies undergo as a result of pregnancy and breastfeeding.

A couple of participants articulated their desire to return to their ‘thinner’ days. I think this particular theme could inform future body image programs tailored for teen mothers where those with the experience would be encouraged to be more realistic in their assessment of ‘thinner’ times. Predictably, the analysis I generated reveals that participants who think of the thinner periods of their lives as perpetually happier

42 I discovered this through an email exchange I had with an instructor of a Young Parent Program.
moments of their existence also recall the overall context of these times as troubled and even at times painful.

Many of the participants discuss the impact family members and romantic partners play in shaping their body image, for better or for worse. Some participants report being profoundly affected by hurtful comments made by their family members and romantic partners. Future policy directions in schools might explore strategies for teen mothers to confront this bullying. The creation of body image programs would assist teen mothers in elevating their self-worth and re-evaluating their romantic relationships. It would allow them to reflect on their romantic relationships and ask: are they worth keeping? Are they more trouble and detrimental to their self-esteem than they are worth?

**The Role of School Nutritionists and Health-Related Curriculum**

Further, schools may want to invite nutritionists who have a holistic approach to eating. Nutritionists would not only school teen mothers around the nutritional value around foods and encourage them to make healthy eating choices, but also help them become critical of the myths that surround dieting, weight, and health. The Health at Every Size (HAES) approach (Robison, 2005; Bacon, 2008) could be further explored as a pedagogical approach. This paradigm questions the (over)emphasis given to weight in discussions of health and asks us to consider healthy living and healthy practices for their own sake. This approach could be a preventative measure against eating disorders, and would target teen mothers with disordered eating patterns that are not quite ‘dangerous’ enough to warrant school intervention.

From my findings, it appears that dieting, weight loss, and thinness are more often than not regarded as desirable, positive things. Nutrition and health curriculum tailored for teen mothers would call these discursive tropes into question, and encourage critical discussion of these issues. Because participants often equate the thin body with health and the fat, obese, or overweight body with unhealthiness, educators might want to explore these assumptions with their students. Are these assumptions actually correct? What are the counter-arguments to these claims? Tanya’s I Poem forces us to pay attention to her complex relationship with dieting – the fact that she is both attracted to and critical of this practice. Teen mom programs or body image programs for teen
moms may wish to encourage resistance to dieting schemes – highlighting, for instance, the dangers inherent to yo-yo dieting and the fact that dieting is not an effective strategy for achieving health

**Intervention Strategies**

Since the postpartum body seems to be the cause of tremendous anxiety in the majority of the participants, particularly during swimsuit and graduation seasons, adolescent mothers might benefit from interventions that are timed strategically before these events. My findings could inform effective intervention strategies in the school context that would allow teen mothers to reconsider the ways in which they think about swimsuit season and graduation, and encourage them to develop a critical and measured response to these occasions.

**Media Literacy; Empowerment and Activism**

A couple of participants viewed media images through a critical lens, recognizing the ‘fabrication’ and ‘manipulation’ of these images. When addressing issues of body image, teen mom programs might be well served to also encourage media literacy as well as empower teen moms to brainstorm ways of challenging parochial bodily representation in the media.

Since a few participants view achieving the thin body as a way to attract members of the opposite sex, these findings could inform teen mom programs to take a proactively feminist approach to their pedagogy. This pedagogy would allow teen mothers to think critically about gender and body image, and encourage them to think of themselves in a much more holistic manner, not simply reducing themselves to their bodies.

Many participants comprehend the role that gender and race plays in shaping body image and food anxieties. Some even discussed resisting these roles. Across all of the interviews, however, there emerged the following unfortunate finding: while most participants were extremely well versed in identifying their body image related grievances, they demonstrated an inability to name the social context and structures (i.e. sexism, capitalism, colonialism, racism, ableism) that make corporeal distress such a salient feature in their lives or in the lives of people they know. If teen mom programs
and/or body image programs encouraged students to think outside of their own experiences and not to be overly mired in their personal distress – and to the structures of inequality in which body image concern is invariably rooted – might this allow teen moms to feel more empowered? Might this allow them to speak and think more often of themselves in self-accepting ways? Enabling teen mothers to think in more feminist ways might assist in building self-esteem and help them avoid falling into constant cycles of self-loathing. Also, encouraging activism within teen mothers might also significantly help decrease their self-blame and poor self-esteem.

Looking Ahead: From Powerlessness to Hope

I would like to conclude my thesis by re-introducing a couple of I Poems featured in chapter 3 – each scenario illustrating markedly different forms of embodiment. Erica’s I Poem signifies tremendous bodily discontent:

Before
I got pregnant
I was 109 pounds,
I was a typical teenage girl, bleach blond, skinny, all that,
I went to 195 pounds when I was pregnant, then after
I was on the birth control shot for a year which made me gain 60 pounds after giving birth, and
I wasn’t comfortable with my body,
I hated myself, I went into depression and I,
I was just not happy at all and I wanted to lose the weight

Kathy’s I Poem celebrates the transformed post-pregnant body, and her refusal to be disappointed by the new corporeal reality that too often ails other participants:

I guess once upon a time. [chuckles slightly] And like, “oh really?” It bothered me but,
I was excited to have my first stretch mark.
I still have it to this day.
I still have that stretch mark from when she first started to come out.
I still have it. And
I was excited for that stretch mark to come. And when
I seen it,
I loved it.

Compared alongside each other, these poems offer two opposing realities: a young mother being severely hemmed in by thinness and weight loss discourses and a
young mother daring to accept herself, stretch marks and all. Future research and policy
directions would more intensely explore ways that young mothers could reject the first
way of ‘being’ and embrace the second. May the voices of self-disapproval and
discontent fade into a thing of the past, and may the voices of self-acceptance and
solidarity become a normal part of our future. I hope my study inspires discussion and
action on this topic. I hope it helps girls like the ones I interviewed, and the one I used to
be, achieve inner peace with themselves.
References


Longhurst, R. (2005). (A)ddressing pregnant bodies in New Zealand: Clothing, fashion, subjectivities, and spatialities. *Gender, Place, and Culture*, 12(4), 433-446. doi: http://dx.doi.org/10.1080/09663690500356842


Appendices
Appendix A

Study handouts (to prospective participants)

SFU Study on Adolescent Motherhood, Eating, and Body Image: Participants Needed

I am an SFU student doing research on adolescent motherhood, eating, and body image. I am looking for adolescent mothers, aged 15-18, to participate in a one-on-one interview. Interviews will take place in your location of choice (i.e. coffee shop, library, community centre) and will last approximately 1 hour and 15 minutes (60-90 minutes). You will be encouraged to talk extensively about your experiences. Should you decline to answer certain questions, your requests will be completely respected. Your identity will remain confidential in the study. This is an independent SFU study and is in no way connected to the parenting group of which you are a part.

Your participation in the study will not affect your participation in the group. For your time and to assist with childcare, each participant will get a $40 honorarium.

If you are interested in participating in this study, please phone or email me at the contacts below:
Cara Ng
Cna14@sfu.ca
604-307-3762
Alternatively, if you would like me to contact you, please don’t hesitate to leave me with your contact information.

Thanks so much!
Sincerely, Cara
Hello Marina,

When reviewing this application several questions emerged and I would appreciate your dealing with them separately.

(a) The original application approved participants aged 15 because the age for consensual sex was 14 at that time and now it is 16. However your argument with respect to why parents of age 15 are adults is, I think, sound and therefore I will be approving the application for participants who are mothers of age 15 or older.

(b) I would ask you to include in your consent document:
   i. A statement to the effect that the participants should not name the Father, or the Parents
   ii. A specific question which is checked yes or no with respect to whether there is approval for later contact.

(c) The consent form says that there can be discussion of any issues or information that may emerge from the interview. This has to be clarified so that the participant knows that there will be no discussion that identifies third parties

(d) The Consent document should include the information that any disclosure of possible risks to children must be reported to the appropriate authorities by the researcher.

(e) It is unclear why there will be discussions with respect to current romantic relationships. Please clarify and include in the consent document so that the participant knows what may be discussed. Thanks for considering these requests and please respond to dore@sfu.ca with the file number in brackets placed in the subject line. If your documents need to be revised please include those as pdf and send them to dore@sfu.ca

Regards,
Hal Weinberg, Director
Office of Research Ethics
Appendix C

Informed Consent by Participants in a Research Study

The University and those conducting this research study subscribe to the ethical conduct of research and to the protection at all times of the interests, comfort and safety of participants. This research is being conducted under permission of the Simon Fraser Research Ethics Board. The chief concern of the Board is for the health, safety and psychological wellbeing of research participants.

Should you wish to obtain information about your rights as a participant in research, or about the responsibilities of researchers, or if you have any questions, concerns or complaints about the manner in which you were treated in this study, please contact the Director, Office of Research Ethics by email at hweinber@sfu.ca or phone at 778-782-6593.

Your signature on this form will signify that you have received a consent form document which describes the procedures, whether there are possible risks and benefits of this research study, that you have received an adequate opportunity to consider the information in this document describing the study, and that you voluntarily agree to participate in the study.

TITLE:
Adolescent Motherhood and Eating- and Body- Related Anxieties: At the Crossroads of Maternal Obligation and Teenage Uncertainty (2010s0664)

INVESTIGATOR NAME:
Cara Ng

INVESTIGATOR DEPARTMENT:
Department of Gender, Sexuality & Women’s Studies

Having been asked to participate in the research study named above, I certify that I have read the procedures specified in this consent form describing the study. I understand the procedures to be used in this study and the personal risks to me in taking part in the study as described below:
Purpose and goals of this study:

This research will help towards fulfilling a Masters of Arts thesis and degree. The goals of this research are to better understand the social context and consequences of adolescent mothers’ eating and weight-focused behaviours, and body image. It may help inform policies and programs that promote healthful eating and body image for adolescent mothers. It will explore the myriad ways in which adolescent mothers describe and understand factors that influence their eating and body image.

Permission from facility

The young parenting group in which you are involved and the School Board that oversees it has granted the Principle Investigator permission to make a presentation about this study and leave information about it in the case that you are interested in being a study participant.

What the participants will be required to do:

You will be interviewed by the Principle Investigator once sometime during the period January through April 2011. She will meet you in a place you feel comfortable being interviewed such as a coffee shop, library, community centre, or at Simon Fraser University.

Each interview will likely last approximately 1 hour and 15 minutes (60-90 minutes) but could last longer if you wish to talk more extensively. The interviewer will ask you a range of questions about motherhood, eating, weight-related behaviours, and body image from an interview guide. You will also be asked questions about romantic relationships and the ways in which they may have played a role in shaping your attitudes towards body image and eating. The interviewer will also ask you other questions related to things that you bring up during your conversation with her. You are encouraged to share and elaborate on your personal experiences to the extent with which you feel comfortable, but please do not identify the names of third party members (e.g. father of child, parents). Further, you will not be asked in the interview to identify the names of third parties. The interviewer will ask for your permission to tape record the interview so that she can capture your experiences in your words. If there are any questions that you do not wish to answer, you can simply tell the interviewer that you do not want to answer the question; your requests will be respected. You will have the opportunity to ask the Principle Investigator questions as well. You will be reimbursed for any bus fare you need to get to and from the interview and you will receive a $40 honorarium to thank you for your time and to help pay for child care.
Risks to the participant, third parties or society:

As a result of the interview you may experience some stress related to our discussion due to your personal experiences that may have influenced your eating and weight focused behaviours, and body image. If you do and feel that you would like to discuss this matter with a counselor, please let me know and I will arrange it.

Benefits of study to the development of new knowledge:

This research will better our understanding of the social context and consequences of adolescent mothers’ eating, weight-focused behaviours, and body image. These findings may assist researchers and practitioners in developing policies and programs that promote healthful eating and development for adolescent mothers. The project will examine how

adolescent mothers describe and make sense of the factors that influence their eating and weight-focused behaviours, and body image. This new knowledge could be used to generate health policies tailored to adolescent mothers. By participating in this project you may develop more self-awareness around your own eating and weight-related behaviours, and body image.

Statement of confidentiality:

The data of this study will maintain confidentiality of your name and the contributions you have made to the extent allowed by the law. The researcher will report any disclosure of possible risks to children to the appropriate authorities. Otherwise, information obtained from this interview is confidential. No information that discloses your identity will be released or published without your consent. A code name/pseudonym will be used in place of your name so that you will not be associated with the information collected. All research data will be stored on a memory stick and retained in a locked filing cabinet. Research data will be stored by the Principle Investigator for 5 years after which they will be destroyed. Electronic data files in hard disk drives and back-up copies in rewriteable optical media will be permanently erased using commercially available software that can do this. Paper copies will be shredded.

Interview of employees about their company or agency:

Not applicable.

Inclusion of names of participants of the study:
Your name will not be included in any of the reports from this study.

Contact of participants at a future time or use of the data in other studies:

I will ask you permission to keep your name on file for participation in related follow-up studies, for a period of 10 years. Rochelle Tucker, an Assistant Professor in the Faculty of Health Sciences at SFU with whom I have worked, does related research on adolescent health. With your permission to keep your name on file, she or I may contact you for follow-up studies. You may or may not decide to give us permission to do this.

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I may withdraw my participation at any time. I also understand that I may register a complaint with the Director of the Office of Research Ethics. If I have any concerns about this study or about my interviews I can contact the Office of Research Ethics at 778-782-6593 or write:

Dr. Hal Weinberg
Director
Office of Research Ethics
Simon Fraser University
8888 University Drive
Multi-Tenant Facility Room
Burnaby, BC V5A 1S6
hal_weinberg@sfu.ca

I may obtain copies of the results of this study, upon its completion by contacting

Cara Ng
Department of Gender, Sexuality & Women’s Studies
8888 University Drive
Burnaby, BC V5A 1S6

Or email at cna14@sfu.ca.
I understand the risks and contributions of my participation in this study and agree to participate.

The participant and witness shall fill in this area. Please print legibly

Participant Last Name                                            Participant First Name

Participant Contact Information

Participant Signature

Date (Use format MM/DD/YYYY):

I give permission to the Principle Investigator and Dr. Rochelle Tucker to keep my name on file for participation in related follow-up studies, for a period of 10 years:

Yes ____        No _____
Appendix D

Screening Questionnaire

Name:

Age:

Ethnicity:

Place of residence in the Lower Mainland (i.e. Vancouver, Surrey):

How long ago did you give birth?

How old were you when you gave birth?

Before you were pregnant, did you consider yourself:
Underweight_____ about right_____ overweight_____

What do you consider yourself now?:
underweight _____ about right______ overweight_____

Home number: Cell:

Can I leave a message at home? _____ Can I leave message on your cell? ____

Email address:

Please state your times of availability during the week:

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Do you have any questions or comments?
Appendix E

Interview Guide

FAVOURITE FOODS

What are your favourite foods? What makes them special to you?
Can you describe to me the last time you ate one of your favourite foods?
How often do you eat your favourite foods? How often do you want to eat your favourite foods?

EATING PATTERNS

What have you eaten today?
What do you eat on a typical weekday?
What do you eat on a typical weekend?
Have your eating patterns changed since becoming a teenager?
Can you describe to me your eating patterns during pregnancy?
Have your eating patterns changed since becoming a mother?

FAMILY

Can you tell me about the people you live with most of the time?
*** If she lives on her own with her baby, ask:
> Can you tell me about your relationship with your family members?
  Can you describe the ways your family members eat?
Tell me about a recent experience you had with at least one family member that involved eating.
What factors influence the ways some of your family members eat?
What kinds of foods are available in your home?
Who buys the groceries? Who cooks?
Do people talk about food in the house/your family?
Do people talk about eating in the house/your family?
Does food play a role in celebrating special occasions? If so, how?
How does your eating compare to your family members?

SCHOOL

Are you in school right now?
If so…
Can you describe your eating choices at or near school?
Can you describe what it’s like during lunchtime at school?
Are there differences between how the girls and boys eat? If so, how?

PEERS

Can you tell me about the people you hang out with?
Has your social circle changed since you became pregnant or became a mother? If so, how?
What do you and your friends like to eat when you’re hanging out together?
Can you describe the ways some of your friends eat?
How does eating with friends compare to eating with family?
Can you describe a recent example of you eating with at least one friend?
When you’re with your friends, do people have conversations about eating?
When you’re with your friends, do people have conversations about food?
Do you think peer pressure affects the way that you or your friends eat?
Do you think peer pressure affects the way teenagers eat?
Have you ever been concerned about how a friend eats?

DATING/ROMANTIC RELATIONSHIPS

Can you describe to me the relationship you have with your child’s father?
How has your relationship with him [the child’s father] influenced your eating patterns?
How has your relationship with him [the child’s father] influenced the way you feel about your body?
If father no longer her romantic partner…

> Are you in any romantic relationships right now? If so, can you describe them to me?
How has this /have these relationship(s) influenced your eating patterns?
How has this/have these relationship(s) influenced the way you feel about your body?

WORK

Do you work? What eating options are available at or near work?

BODY IMAGE

What does a healthy body image mean to you?
What does an unhealthy body image mean to you?
Where have you learned about body image?
What factors influence your body image?
Has your body image changed since becoming a teenager? If so, how? Has your body image changed since becoming a mother? If so, how?
When you are with your friends, do you ever talk about body image? When you are with your family, do you ever talk about body image?
When are you most likely to feel comfortable in your body?
When are you mostly likely to feel uncomfortable in your body?
Where are you most likely to feel comfortable in your body?
Where are you most likely to feel least uncomfortable in your body?

MOTHERHOOD

Can you describe to me the ways motherhood has changed your life?
Has becoming a mother changed the way you eat? If so, how?
Has becoming a mother changed the way you feel about your body? If so, how?
When you are with your family members, do you ever have conversations about how to eat now that you’re a mother? If so, what do they sound like?
When you are with your family members, do you ever have conversations about body image since you’ve giving birth? If so, what do they sound like?
When you are with your friends, do you ever have conversations about how to eat now that you’re a mother? If so, what do they sound like?

When you are with your friends, do you ever have conversations about body image since you’ve given birth? If so, what do they sound like?

DIETING

Have you ever tried to change your weight?
Have you ever wanted to change your weight?
What does dieting mean to you?
Are there specific diets you’ve heard of? If so, can you describe them to me?
Do you or someone you know have experiences with dieting? If so, can you describe that to me?
Have you ever been worried about a friend’s dieting?
Do people in your family or group of friends talk about dieting? If so, can you describe those conversations to me?

HEALTH

What does health mean to you?
What does healthy eating mean to you? (examples: speed of eating, types of foods consumed…)
Where does healthy eating take place?
Do you think eating healthfully makes a difference? If so, how?
When are you most likely to eat healthfully?
Do you consider any of your favourite foods healthy in any way? Why or why not?
What does unhealthy eating mean to you?
How would you compare your eating now, as a mother, to your eating before you became pregnant?

SUMMARY QUESTIONS

What factors influence what you eat?
What factors influence how you eat?
What factors influence where you eat?
What factors influence what adolescent mothers eat in general?

SPECIAL NOTES

*** If participants mention terms like “comfort foods”, “eating disorder”, “weight watching”, or “watching what you eat”, probe further.
(i.e. ask “What does [the term] mean to you)
Appendix F
Compiled by Cara Ng

HOTLINES AND WEBSITES

BC Eating Disorders Helpline
1-800-665-1822

Dietitian Services at Healthlink BC
Website: http://www.healthlinkbc.ca/dietitian/
Phone: 8-1-1
Description: Dial-A-Dietitian specializes in easy-to-use nutrition information for self-care, based on current scientific sources. Our registered dietitians can provide brief nutrition consultation by phone. If you need more in-depth counselling, they will guide you to hospital outpatient dietitians, community nutritionists or other nutrition services in your community. This service does not replace the medical counsel of your doctor.

National Eating Disorder Information Centre
Website: www.nedic.ca
Toll free: 1-866-633-4220
Description: A Canadian, non-profit organization, established in 1985 to provide information and resources on eating disorders and weight preoccupation. Its goal is to promote healthy lifestyles that allow people to be fully engaged in their lives.

Here to Help (BC)
Website:
http://www.heretohelp.bc.ca/tellmeabout/bodyimage.shtml
Toll free: 1-800-661-2121
Description: Funded by the Provincial Health Services Authority, a group of seven leading provincial mental health and addictions nonprofit agencies are working together as the BC Partners for Mental Health and Addictions Information. Jessie’s Legacy Program, an organization that does work around eating disorders, is among those non-profit agencies involved.
Kids Help Phone
Website: kidshelpphone.ca
Toll free: 1 800-668-6868

HEALTH CARE SERVICES

North Vancouver

Be Real Clinic for Eating Disorders
Medical Day Centre
Main floor, North-East corner
Lions Gate Hospital
231 East 15 Street
Phone: 604-984-5839
Email: bereal@vch.ca
Description: For youth aged 11 to 19 years old who live on the North Shore, Sunshine Coast, Powell River, or Sea to Sky area.

Richmond

Richmond Eating Disorders Clinic
120 – 7000 Minoru Blvd.
Phone: 604-279-7077 (ask for Eating Disorders Program Coordinator)
Description: The clinic serves Richmond residents 17 years of age and older who are struggling with a diagnosis of anorexia and/or bulimia nervosa. A referral from a family physician is required. Referral forms can be obtained through CHIMO Crisis Services (604-279-7077). Clinic hours are Thursdays 8-11am.

Tri-Cities

North Fraser Child and Youth Eating Disorders Program
300-3003 Saint Johns Street
604-469-7600
Description: Provides services for children, youth, and their families who are affected by eating disorders such as anorexia nervosa, bulimia nervosa, and related conditions (not including obesity). Service involves multidisciplinary assessment and treatment intervention that focuses on medical, emotional, cognitive, nutritional, and family aspects of the condition.

**Vancouver**

The Healthy Attitudes Program (HAP) for youth in Vancouver
South Community Health Centre
6405 Knight Street
Phone: 604-321-6151 (local 3306)
Email: healthyattitudes@vch.ca
Description: Provides free counseling and nutrition services for Vancouver and Richmond residents aged 11 to 24 who have eating disorders and/or body image issues (without previous hospitalization). Team includes a nurse, doctor, counsellor, and dietitian. Accepts self-referrals and referrals from family physicians. Hours are 2pm to 4:30pm Thursdays; by appointment.

Shapedown BC
BC Children’s Hospital
Rm A253, Shy Building
4480 Oak Street
Phone: 604-875-2345 (local 5984)
Description: Family-based intervention strategy for management of child and adolescent obesity. The Shapedown BC philosophy stresses the overall well-being of the child or adolescent and approaches the problem of obesity as a complex and diverse bio-psycho-social problem. A 10 week group program is offered to families where they learn to set goals that target positive lifestyle changes and also address the issues that may be barriers to change.

Kelty Resource Centre
Rm. P3-302
3rd level of Mental Health Building
BC Children’s Hospital
4500 Oak Street
Phone: 604-875-2084
Toll-free: 1-800-665-1822
Email: edrcbc@cw.bc.ca
Description: Resource centre located in Vancouver. Works to link children, youth and families with appropriate resources in all areas of mental health and addictions.

Provincial Specialized Eating Disorders Program
For Children and Adolescents
BC Children’s Hospital
Phone: 604-875-2010
Description: The Eating Disorders Program team has designed a number of innovative programs to deliver high-quality health care to clients with eating disorders and their families. Inter-professional collaboration is the cornerstone of the program. These programs include: assessment, outpatient service, and intensive treatment service.

Jessie’s Legacy Program
Website:
http://www.familyservices.bc.ca/professionals-a-educators/jessies-legacy
Description: Services and resources eating disorder-related resources and services that are mainly web-based.