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Abstract

Concerns about young people's (read, young women's) body dissatisfaction in schools have resulted in the introduction of programs promoting positive body image in an effort to reduce eating disorders. These programs, informed by psychological or socio-psychological notions of the relations between self and bodies, seem to have considerable credibility in schools and in the academic literature because of their authoritative underpinnings. In this chapter, we want to examine the ways in which such programs engage with discourses around bodies, fat, and size. For example, do they challenge discourses of weight-based oppression, create safe spaces for learning about weight and size, and/or (re)produce normative notions of individual responsibility and health?

Keywords

health, about, teaching, approach, critical, socio, image, size, body, moving, beyond

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Concerns about young people's (read young women's) body dissatisfaction in schools has resulted in the introduction of programs promoting positive body image in an effort to reduce eating disorders. These programs, informed by psychological or socio-psychological notions of the relations between self and bodies, seem to have considerable credibility in schools and in the academic literature because of their authoritative underpinnings. In this chapter we want to examine the ways in which such programs engage with discourses around bodies, fat, and size. For example, do they challenge discourses of weight-based oppression, create safe spaces for learning about weight and size, and/or (re)produce normative notions of individual responsibility and health?

The term "body image" has come to be used widely in the academic world, clinical practice, schools, and popular culture to signify a range of meanings, but mostly these days, meanings associated with body weight and shape. The body image programs we examine later in this chapter are firmly embedded in a psychological tradition founded on the view that an individual's own subjective experience of their appearance, which may not be the same as the social "reality" of their appearance (Cash, 2004), impacts how they interact with the world. For Thomas Cash, this "inside view" is what underpins psychological research on body image, the "multifaceted psychological experience of embodiment" or "one's body-related self-perceptions and self-attitudes" (p. 1). From Cash's perspective, body-related perceptions are not only related to appearance; he points to an increasing emphasis on clinical and psychiatric research focusing on eating disorders amongst young women. This focus has been criticized as reinforcing the notion that body image only concerns girls and young women, and is primarily about body weight and shape (Cash, 2004; Pruzinsky & Cash, 2002).

Body image's genesis in psychology means that it has inherited certain understandings of the individual and ways of understanding how individuals think and behave. Research on body image is dominated by psychological scales of body (dis)satisfaction and self-esteem that has and continues to inform how interventions are imagined and enacted. In her paper assessing the contribution of psychological theory and research to understanding women's pervasive body image discontent, Linda Wolszon (1998) points to the "*individualistic* moral outlook and a narrowly instrumental view of human action and personality" (p. 543) that underpins body image research. She argues that body

image researchers and, as we argue later in this chapter, body image interventions, all assume individuals who can separate themselves from the social pressures and constraints of life, individuals, who can abstract themselves from their lived body experiences. This is not to say that body image proponents do not acknowledge cultural expectations about appearance but such attention is often tokenistic without a theoretical explanation of the relationship between the social and the individual. Their focus rather is on “self-determination and the power of personal effort” (Wolszon, 1998, p. 549) in resisting social and cultural messages. We would argue that this is particularly evident in contemporary school programs that assume knowing how media images of women are manipulated to make them appear more attractive is sufficient to diminish their effect.

Wolszon (1998) argues that such an approach also assumes women are “‘cultural dopes’ (Davis, 1995) who have blindly and stupidly colluded with irrational cultural practices” (p. 549). She goes on to say that “such a perspective is ultimately demeaning and overlooks women's creative participation, negotiation and resistance to cultural narratives concerning what a women should do and be” (p. 553). This is not to say that there is an absence of feminist writing in the field of body image research. Indeed, feminist concerns about widespread reporting of women’s unhappiness with their appearance have influenced the turn to eating disorder research and interventions. For example, in her contribution to the book, *Body Image*, Nita McKinley (2002) draws on social constructivist feminist writing to draw attention to how “women’s normative body dissatisfaction is not a function of individual pathology but a systematic social phenomenon” (p. 55). Women and girls are constituted as objects of the gaze, to “be watched and evaluated in terms of how their bodies fit cultural standards” (p. 56). According to McKinley, they learn from an early age to watch themselves and to objectify their own bodies in order to avoid approbation and to attract approval. On the basis of this logic, McKinley developed a measure of “objectified body consciousness” (OBC) to “study the internalization of social constructions of women’s bodies” (p. 56). Items in the OBC include measures of body surveillance, body shame, and appearance control beliefs. The psychological context of this work means that a more sophisticated view of the social impacts on bodily experiences is again reduced to measurable internal individualized states that are assumed to predict the likelihood of eating disorders.

Body Image Interventions

The association of body image dissatisfaction with eating disorders has led inevitably to the proliferation of interventions. These have targeted children and young people perceived

to be “at risk” of eating disorders and, perhaps more problematically, the general student population of schools (REF). Most of these interventions have been directed at girls and young women, but increasingly interventions have included boys and young men as the eating disorder literature has pointed to the growing “risks” for the male population subjected to “ideal” images of masculinity in the media and elsewhere (Vandenbosch & Eggermont, 2013).

The most widely used approach in these interventions is a “psychoeducation” approach designed to “teach specific strategies for changing participants’ social and personal environments, thoughts, attitudes, and behaviours” (Pruzinsky & Cash, 2002, p. 488). School-based programs taking this approach are underpinned by social learning theory and behavior therapy (Levine & Smolak, 2002). These programs usually take 6-12 weeks and are presented by specialists (i.e., psychologists or body image researchers) and/or teachers.

In a review of programs, Michael Levine and Linda Smolak (2002) suggest that results vary considerably; while there seems to be some positive effect on self-esteem and eating behaviours, they are usually short-term. They note that it is surprising, given the importance of sociocultural influences in shaping negative body image and disordered eating, that so many interventions focus on “students as individuals and not on changing the physical and social environments that frame negative body image” (p. 498). They thus argue that psychoeducation programs are insufficient to “foster critical understanding of the body-in-context and to effect healthy changes in relationships, norms [and] values” (p. 498). As alternatives to psychoeducation programs, Levine and Smolak point to activist and ecological approaches to the prevention of eating disorders, including what they call “a relational empowerment model” that builds on feminist theory, media literacy, and a health promoting schools model. They provide several examples of relational empowerment models that draw on feminist theory to construct programs that work with the participants’ shared meanings of the contextual factors that “shape participants’ body image feelings and actions” (p. 498).

Levine and Smolak also describe Niva Piran’s work with an elite residential ballet company with program goals “derived from dialogue with the group, not from quantitative research generated by experts seeking to apply general psychosocial principles” (p. 499). Piran’s program goes well beyond individual body perceptions:

The active processes of describing and then critically evaluating “lived experiences” of racism, harassment, and gender inequity help participants transform the private feelings of shame, concealment, and frustration inherent in body dissatisfaction into a shared public understanding. Permitting girls to voice the truths in their own lives sets

the stage for the construction of alternative healthier norms and practices within the group, and from there to individual and group actions that change environments outside the group. (p. 499)

Finally, Levine and Smolak turn their attention to Health Promoting School (HPS) as a model that directly addresses the school and community environment where “students, staff, teachers, parent and community resources share the responsibility for constructing healthier school environments” (p. 501). The turn to HPS is not a surprising one given that it has held significant currency and appeal in the schools and health literature. Despite attempting to address the broader social and environmental aspects of schooling, however, the kinds of aspirations inherent in the HPS model are precarious to say the least. For example, the idea that students, staff, parents, and the community share responsibility for constructing healthier school environments assumes that there is a consensus amongst people around any health issue, in this case body image, given the HPS approach advocates that health messages be consistent across what is being taught, all teachers in the school, their resources, and parents. Consistency is difficult in a context where efforts to encourage feeling positive about one’s body comes up against “obesity” prevention initiatives that use shame and disgust to demonize “overweight” bodies (Leahy, 2009). In fact we would suggest that whilst teaching for positive body image has always been difficult, the dominant “obesity” discourse in contemporary times makes this work even more difficult, if not impossible.

A Closer Look at School-based Body Image Programs

As Levine and Smolak (2002) illustrate, the psychoeducation body image approach is one usually designed and administered by mental health professionals or academics for an identified “at risk” group. School-based body image programs, on the other hand, target whole school or year group populations, not a small group identified as “at risk” of eating disorders. The school programs, however, often draw on the same strategies and activities. Both kinds of programs seem to work on the assumption that girls and young women are “unrealistically” unhappy with their potentially “normal” bodies and that they are making unrealistic estimations of their body size. This raises questions about what happens when these programs are used in schools. How do they take account of the realistic feelings of shame and alienation at least partially generated by messages in their health and physical education and other classes that frame “obesity” and “overweight” as health problems and as moral problems where individuals are assumed to be irresponsible, indulgent, and lazy

(Leahy 2009). This becomes particularly interesting when programs claim to address simultaneously issues of “obesity” and eating disorders (e.g., O’Dea 2007).

In the analysis below we describe a number of programs currently being used in schools and ask how these programs engage with discourses around bodies, fat, and size. Do they challenge discourses of weight-based oppression, create safe spaces for learning about weight and size, or (re)produce normative notions of individual responsibility and health?

What the Programs Have in Common

The conflation of body image with eating disorders already sets up a clinical relation between self and body, and health and behaviours. This is evident particularly in the assumption underpinning many of the programs that suggest improving self-esteem will mitigate the risk of disordered eating/poor health behaviours and that self-esteem can be improved by activities designed to encourage a positive body image, self-acceptance, and an understanding that “everyone is different”. In programs that also target “obesity,” the assumption seems to be that improving self-esteem will not only mitigate against disordered eating, but also help prevent “obesity” (e.g., O’Dea, 2007). Most recent interventions also include or have as their main component a section on media literacy, designed again to persuade participants in the program that they are being duped by the media into accepting unrealistic ideal images.

The simple relationships and implicitly moralistic positions underpinning many of the body image programs are exemplified in the Australian Government’s (2012) *Body Image Information Sheets*. In these sheets, the normative body is not *any* body but a body that falls within particular parameters, i.e., not “unrealistically thin” or for boys, too muscular (Information Sheet 3), there is a moral position of how a person should be – “people with a positive body image love their bodies for what they are” (Information Sheet 3), and we should and are all capable of developing better feelings about our bodies through self-discipline. This last directive seems to involve closely monitoring what we watch, read and listen to, as well taking responsibility for how we are feeling:

Our body image is not set in stone; it is very susceptible to change by the influences around us. This means that we may improve our body image by minimising all the things we see, watch, read, and listen to that have a negative effect on our body image. It also means that we have the power to change the way we see, feel and think about our bodies! (Information Sheet 1)

In Information Sheet 5, we are also incited to “think and feel” happy: “try saying something positive to yourself everyday, (i.e. ‘I love my body’), you may just start believing it.”

Through a series of imperatives, readers are ordered to take charge of their lives, to closely monitor everyday behavior, and govern their everyday thoughts and feelings. Given the ubiquity of images of slim and attractive bodies in all forms of media, together with the fat hate and shame evident in these same media, to realize these directives might necessitate withdrawing from normal life! The degree of power that one is assumed to have over one’s actions, one’s environment, and one’s thinking is so extreme as to be absurd. However, these messages of individual rationality, autonomy and capacity to change the way one thinks and feels, while not expressed quite so explicitly are evident in other body image programs.

Happy Being Me

Happy Being Me is school-based body image intervention program, usually presented by a trained facilitator (Richardson & Paxton, 2010). It consists of three sessions. The first targets media literacy and the reduction of “the internalization of the cultural appearance ideal.” Content covers techniques used to manipulate media images and concepts like “appearance does not equal how valuable you are” and “the “ideal body” differs across time and between cultures” (p. 115). The second session focuses on “fat talk” and teaches ways of handling fat talk directed at self and others. The third targets “body comparison,” teaches about negative consequences of body comparisons, and explores strategies to deal with body comparison. Learning processes include didactic presentations, worksheets, role plays, and class discussions prompted by film clips.

The program has been evaluated in Australia (with girls in their first year of high school) (Richardson & Paxton, 2010) and the UK (boys and girls between 10-11 years) (Bird, Halliwell, Diedrichs, & Harcourt, 2013). Assessment instruments used for the evaluation included tests of topic knowledge and questionnaire items on risk factors for eating disorders such as body (dis)satisfaction, attitudes towards appearance, appearance conversation (or talk about body appearance and size), weight teasing, dietary restraint, bulimic propensities, and self-esteem. On the basis of these measures the Australian implementation is claimed to have had a positive impact post-intervention and at three months follow-up. The program, according to the measures, did not have the desired impact on teasing about appearance directed towards peers. The UK program was less successful on the same measures, particularly over the longer term. Emma Bird and her colleagues (2013) explain the failure of enduring effects in a number of ways including:

Children are regularly exposed to appearance-related pressures ... and therefore, it may be that providing three 50 min sessions is insufficient to counter the socially normative behavior described by Jones and colleagues as an “appearance culture.” (p. 323)

This seems, at best, a serious understatement and other explanations for the failure of such programs to have lasting effects on children and young people’s feelings about themselves will be suggested at the end of this section.

Everybody is Different

Everybody is Different is a program developed by Australian dietician, health, and nutrition researcher Dr. Jenny O’Dea (2007) and published as a weighty 326-page book and online resource. Although part of its rationale is the prevention of eating disorders, as its subtitle suggests, it claims a broader focus: “A positive approach to teaching about health, puberty, body image, nutrition, self-esteem and obesity prevention”. This program is interesting particularly because of its claim to address both eating disorders and “obesity” prevention. It is well intentioned and great efforts are made to follow O’Dea’s own dictum, “do no harm” (p. 47). For example, in the section, “Weighty issues and child obesity prevention”, she urges teachers to consider how “obesity” prevention activities may “inadvertently create or worsen body image concerns among students” (p. 227) and provides case studies on “the adverse effects of the well meaning preventive intentions” (p. 240). But the bottom line of the program is that it continues to address body dissatisfaction through improving self-esteem and encouraging “healthy eating and physical activity amongst children and adolescents” (p. 228). O’Dea argues that such an approach will address the prevention of both “obesity” and eating disorders “because the two issues are inextricably intertwined” (p. 228). This is achieved through activities that develop self-esteem through teaching that “everybody’s different” and through education about the benefits of sound nutrition, growth and development lessons and through lessons on media literacy.

O’Dea makes the claim, relatively unjustified we would argue (see Levine & Smolak, 2002), that “[m]edia literacy and media advocacy interventions are effective in the promotion of a positive body image” (p. 98). The main purpose of media literacy lessons in this context “is to encourage self-acceptance and help to reduce the internalisation of the thin ideal and the pervasive body image norms” in the context of “an overall self-esteem building approach” (p. 98). Like many similar programs, the focus of activities is on how particular stereotypes are used to sell products. For example, O’Dea writes, “one of the most salient

lessons of media literacy is that virtually all media messages are linked to marketing activities which have commercial aims” and we “need to be aware of how media operates to create messages and ‘sell’ ideas and products” (p. 99). Like most of the media literacy components in other body image programs, *Everybody is Different* focuses narrowly on an ideal body constituted in advertisements and completely ignores other messages about fat bodies, including those promoted by government health campaigns and policies, reality TV programs such as *The Biggest Loser*, and regular commentary on the obesity epidemic in talk shows and so on.

Media Smart

The focus on media is central to another program *Media Smart*, an 8-lesson media literacy program for girls and boys in late primary school or early high school, designed by psychologists from Flinders University. Like other media literacy interventions in the body image field, it assumes that the media plays a major role in children’s and young people’s negative body image. Like other programs, its approach, therefore, is to demonstrate how the media manipulates images and provide strategies for analyzing and challenging media messages. It is a program intended to be integrated into various areas of the curriculum or to student welfare programs.

Media Smart does seem to go further than other body image media literacy programs as it provides more time to develop content and emphasizes the importance of teaching the program in an interactive way and “not talking about eating disorders” (Wilksch & Wade, 2010a, p. 6). However, like other programs, it skirts around the social stigmatization of fat, and continues to reproduce health and medical notions of “overweight.” For example, in a list of “don’ts,” the program advises to not “comment on other people’s appearance or weight” nor “encourage weight as the *only* measure of health” (Wilksch & Wade, 2010b, p. 3). This still suggests that weight should be a measure of health, and does not allow for any critical engagement with that idea. As well, in a section on stereotypes, students are encouraged to think about “any people who do not fit the stereotypes in our society” (p. 5). The suggested examples for “females who might not fit the thin-ideal” are Kim from “Kath and Kim” and Kate Winslet. Kath and Kim are the lead female characters in an Australian situational comedy and while Kath’s body certainly does not conform to a thin ideal, it is telling that the fat character, Sharon (played by the Australian comedian, Magda Szubanski) is not featured. We are not invited to like or admire Sharon or to examine how particular stereotypes about fatness are played out with her character. The choice of Kate Winslet also sends some very

ambiguous messages. While she may not conform to the thin ideal (and, really, how thin does the ideal have to be?), her body is clearly not far outside normative social ideals. Does this mean you can be round so long as you are also beautiful? All of this suggests that the designers of the program are not comfortable with directly addressing the stereotyping of the fat body, or in engaging with media messages about fatness.

The Problem with Body Image Programs

First, we want to be clear that we recognize that the programs are well meaning; proponents have assessed a risk, and seek to address this through programs informed by evidence from psychology and social psychology. This grounding, however, seems to us to be a major part of the problem. The programs are limited by a psychological view of individual change and validity associated with measurable outcomes based on psychological scales. The programs are designed with a very specific phenomenon, eating disorders, in mind and are administered to children and young people in educational contexts as broader health interventions.

Second, the programs are very narrow in their focus and assume a rational child or young person who can, through their own will, control the way they think and feel. As unlikely as it seems, there are parallels here with some fat activist approaches to empowerment that call for simply rejecting social norms and instead loving one's fat body. Sam Murray's (2008) critique of fat activism is useful in considering the limitations of these body image programs. Drawing on Merleau-Ponty's theories of the body-subject, she argues that "the individualistic premise of fat activism that offers agency and emancipation through the privileging of the mind over the body is ... mythic, as it discounts the culturally and historically specific discourses [and aesthetics] that ... mobilise particular ways of seeing" (p. 170). She argues that "the dominant discourses that have marked and inscribed [a women's] 'fatness' over the course of her life, and that have indeed formed her own corporal schema and mode of being-in-the-world" (p. 174) make reinscribing the meanings of fatness an immensely difficult task. Body image programs ask children and young people to engage in a similar reinscription of their body, to simply ignore and/or reject cultural messages that they have learned from an early age and are continually negotiating in their everyday lives. The responsibility is placed firmly on the children to change their way of being-in-the-world, without acknowledging the intersubjective nature of their everyday existence.

Third, the body image programs do not engage with the complexity of the discourses shaping body ideas, but rather skirt around the edges. The programs claim to be dealing with

cultural stereotypes but in the name of challenging the thin ideal, they reproduce normative notions of the acceptable body. They do not engage at all with stereotyping and stigmatisation of fat bodies, nor do they engage with the multiple and authoritative messages from governments and popular media that fat bodies are not acceptable, and indeed at times even reinforce this idea. In the school context, body image programs are likely to run alongside health education programs that educate about preventing “overweight” and “obesity” through healthy eating and activity. Research with children and young people makes it clear that many associate “healthy lifestyle” practices with avoiding becoming fat (Wright & Burrows, 2004). These ideas are left untouched in the programs we examined.

What Would We Argue For in Relation to Fat Pedagogies?

First, we argue that the primary purpose of schools is not to address public health issues per se but to educate (see also Gard & Pluim, 2014; St Leger, 2006). This is not to say that schools are not responsible for enhancing children’s health by providing safe environments where every child is treated with respect. When a whole school or HPS approach that addresses the school culture is taken - that is, one that addresses body-based teasing, body comments, bullying by teachers and students, school policies around uniforms, and so on – there is a chance of a useful contribution to young people’s health and well-being. However, as we have pointed out above and as is reiterated in the literature, such an approach is a considerable challenge for a school and requires a commitment that is rarely in evidence.

On the other hand, we would argue that there are a number of places in the school curriculum where pedagogies addressing body stigmatization and the nature and effects of social and cultural ideas about the body and shape could be addressed educationally using a socio-critical approach (see Leahy, O’Flynn, & Wright, 2013). We draw on a quote from a paper intended to guide the design of the Australian national curriculum in Health and Physical Education to explain what this might mean:

The Health and Physical Education curriculum will draw on its multi-disciplinary base with students learning to question the social, cultural and political factors that influence health and well-being. In doing so students will explore matters such as inclusiveness, power inequalities, taken-for-granted assumptions, diversity and social justice, and develop strategies to improve their own and others health and wellbeing. (ACARA, 2012, quoted in Leahy et al., 2013, p. 179)

In the context of a socio-critical approach, we suggest there is some value in media

literacy around social body norms and that this should be embedded in a broader media literacy program. Such a media literacy program would start from the assumption that choices in language (or image, frames, or camera angles) are not neutral but are motivated, not necessarily consciously, but certainly by particular social values or ways of thinking about the world; that is, meaning making needs to be understood as a social practice (see Wright, 2004). The tools of textual analysis developed within the areas of critical literacy, critical discourse analysis, media literacy, and cultural studies provide the means of critically analysing media texts to help make more visible the work they do in constructing social and cultural values.

It is rarely useful to tell or show students how media texts work to construct particular social values, particularly in the many cases where these social values are very similar to those which they themselves hold. To see the world differently, as in most cases of critical inquiry, the students need to become “active researchers in their worlds” (Wright, 2004, p. 187), interrogators of the taken-for-granted. In the case of media texts, they need to be helped to collect, explain, interpret and present their own data about media texts (see Wright, 2004).

There are many other approaches to fat pedagogy, as illustrated by the many chapters in this *Reader*. Here we argue for the end of interventions such as those described above that, despite their good intentions, serve to reproduce fat prejudice and instead propose a socio-critical approach as one possible fat pedagogy that addresses the issues of body weight and size more broadly, indirectly, and educatively.

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