“You asked what being healthy means to me and the answer is, it means everything”: a feminist post-structural analysis of disordered eating, education and health

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“You asked what being healthy means to me and the answer is, it means everything”: A Feminist Post-Structural Analysis of Disordered Eating, Education and Health

by

Rachel F. Allwood

A Doctoral Thesis

Submitted in Partial Fulfilment of the Requirements for the Award of

Doctor of Philosophy of Loughborough University

March 2010

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ABSTRACT

With a heritage rooted in the developing field of nineteenth century psychiatry, up until its classification within the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV-TR, American Psychiatric Association, 2000) today, disordered eating has been dominantly conceptualized as individual psy-medical pathology (Hepworth, 1999: 2). Drawing on a feminist post-structuralist theoretical framework which views dominant understandings of disordered eating as socially constructed through discourse, this research re-situates disordered eating within the multiple, complex, gendered, classed and racialised socio-cultures within which it is produced, indicating the wider discourses and social contexts which may be implicated in its development - particularly those across the formal and informal cultures of schools. Notwithstanding the volume of interest, literature and research on disordered eating, surprisingly little detailed attention has been given to the part that pedagogical processes of formal education may play in its development, either alone or in conjunction with social practices outside of schools. Yet, increasingly, research has pointed towards the intensification of the regulation, surveillance and monitoring of young people’s ‘healthy’ bodies, particularly in contexts such as physical education (Webb, Quennerstedt & Öhman, 2008). More specifically, this focus has been upon young people’s weight in an effort to curtail the approach of an assumed obesity epidemic (Evans, Rich, Davies & Allwood, 2008b). This study examines how discourses of ‘the body, weight and health’ are being translated into pedagogies enacted across a range of cultural sites (Wright, 2009) at school and outside of school, within the lives of a group of young women experiencing disordered eating. It explores the ways in which they are interpreting these ‘health’ messages, illustrating how they co-mingle with performative neo-liberal discourses at school and at home, to propel these young women towards behaviours that are, in fact, damaging to their health. Although they are well-versed in dominant ‘obesity/health’ discourses and the meanings they construct, the narratives of these young women illustrate the influence of these discourses, with their narrow focus on ‘weight’, upon problematic relationships with their bodies and food. The research concludes by pointing to the need for de-centring dominant ‘obesity/health’ discourses in schools and for alternative ways of thinking about ‘the body, weight and health’ to be filtered into education contexts.
Material Published from the PhD


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Abbreviations and Acronyms

Association for Size Diversity and Health........................................ASDH
Beating Eating Disorders..............................................................B-EAT
Body Mass Index.................................................................BMI
Council on Size and Weight Discrimination..............................CSWD
Department for Education and Skills........................................DfES
Department of Health............................................................DoH
Diary Data.............................................................(Dd)
Eating Disorders Association...................................................EDA
Eastwood House.................................................................EH
Email Data...............................................................(Em)
Equal Opportunities..........................................................EO
Fat Rights Coalition..........................................................FRC
Focus Group Data.............................................................(Fg)
Girls Into Science & Technology.............................................GIST
Health At Every Size...........................................................HAES
Health Based Physical Education..........................................HBPE
Healthy Weight Council........................................................HWC
Informal Conversation Data...................................................(Ic)
Institute of Food Research......................................................IFR
Interview Data...............................................................(In)
Letter.................................................................(Lt)
National Association of Schoolmasters Union of Women Teachers..........NASUWT
National Association to Advance Fat Acceptance.........................NAAFA
National Child Measurement Programme................................NCMP
National Health Service.........................................................NHS
National Healthy Schools Programme....................................NHSP
Office for Standards in Education...........................................Ofsted
Personal, Social & Health Education.........................................PSHE
Physical Education..............................................................PE
Poster Data.................................................................(Pd)
Sheffield Health and Social Research Consortium...........................SHSRC
Totally Pedagogised Micro Societies........................................TPMS
Totally Pedagogised Society....................................................TPS
United Kingdom...............................................................UK
United States of America......................................................USA
Women Into Science & Engineering.........................................WISE
World Health Organisation....................................................WHO
Chapter One

Introducing Disordered Eating, Education and Health: *Thinking outside the lunch-box*

“Everyone knows what a school is. One of the most difficult tasks in social research is to take a situation that everyone thinks they understand, and illuminate it in new ways.” (Connell, 2002:12)

There was a sudden commotion which caused me to look up and see Vicky and Olivia running across the grass towards me and the group with whom I was sat. Susie, Amanda, Kate and I were at the picnic table in the garden at Eastwood House - an eating disorders treatment centre where I was staying as a researcher, conducting the data collection for this PhD study. The girls (my participants) and I had been chatting informally and sharing contact details for follow-up work and future correspondence. Some of them had drawn me little pictures to go with their names and details. It was a warm bright day at the end of March. “Oh no, it’s chips and cake, it’s chips and cake!” shouted Vicky. A chorus of “what!” and “oh no!” went round the group. Vicky and Olivia, who had previously also been sat with us, had taken it upon themselves to go inside to ascertain the imminent menu for that night’s dinner, and the news was travelling fast. “Oh no!” groaned Kate, “why do they have to make us eat that!” “I’m not eating it”, declared Vicky, “I hate chips and cake!”

I open with this narrative from my time spent in the field at Eastwood House as it is one, of perhaps many, which illustrates some of the central analytic and methodological themes that run through this thesis. This research is centred on the lives and the schooling experiences of a group of young women and girls who, at the time of data collection, were in treatment for anorexia and/or bulimia nervosa, usually referred to as ‘eating disorders’. Within this thesis I prefer to use the term: disordered eating to describe the participants’ experiences, as this points to a wider notion of the different forms their experiences may take, in relation to dieting, exercise, and ‘health’. Unlike much of the literature on disordered eating, which focuses upon the individual pathologies of these ‘conditions’, this study explores the socio-cultural
contexts of the participants’ lives, within which these experiences are situated and take place. Bringing attention to an area which has not, as yet, been widely addressed within the literature, the focus here is on the ways in which discourses of ‘the body, weight and health’ are recontextualised within schools and how these may intersect with other social contexts outside of education, to impact upon the subjectivities, well-being and health of young people, and the relationships they have with their bodies and food.

1.1 Research in the Field: *Eastwood House*

The main fieldwork, upon which this research is based, was conducted, largely, in one site over a 12 month period. This was a residential eating disorders treatment centre in the UK, known here - for purposes of confidentiality and anonymity - as: *Eastwood House*. It involves seventeen white young women and girls, aged between 12 and 20 who, at the time of data collection, were all experiencing varying degrees of disordered eating. During the first phase of the data collection all of these participants were in full-time residential care at Eastwood House, the duration of their time spent there ranging between 10 – 26 weeks (depending on the amount of weight they were required to re-gain). These young people were referred to Eastwood House by general practitioners, child psychiatrists or paediatricians and their costs were met either by the *National Health Service* (NHS) or by private means, usually provided by their families. At the time of study no boys were available to participate in the research. One boy had been in residence at Eastwood House, but was discharged just as the data collection commenced. As the participants who inform this research, they were asked to reflect upon and share their experiences of the formal and informal contexts of mainstream schooling, and how these may have influenced the development of their disordered eating. The voices of some of these participants’ parents and also a small number of the teachers, who worked at Eastwood House, are also included within this research.

1.2 Aims, Objectives and Research Questions

The major research aim of the study is to improve our understandings of the role that schools may play in the development of disordered eating. Notwithstanding the volume of interest, literature and research on disordered eating, surprisingly little
detailed attention has been given to the part that formal education may play in its development, either alone or in conjunction with social practices outside of schools. Where attention has centred on education, it has tended to focus primarily on the intervention measures needed to remedy or offset ‘eating disorders’ (e.g. Raich, Portell & Pelaez-Fernandez, 2010; Becker, Bull; Schaumberg, Cauble & Franco, 2008). The way in which the socio-cultural, organisational and pedagogical processes of formal education may, themselves, and in interaction with social forces and practices outside of schools, be implicated in the development of disordered eating, has been left largely unexplored. Yet, increasingly research has pointed towards the intensification of the regulation, surveillance and management of young people’s bodies and more specifically their weight, in an effort to curtail a so called obesity epidemic (e.g. Evans, Rich, Davies & Allwood, 2008a; 2008b; Wright & Harwood, 2009; Rich, 2010). Working to examine these processes, however, may be a necessary precursor to understanding better the role that schools, teachers and students themselves have to play in the prevention of disordered eating and its amelioration. This research broadly focuses upon education, therefore, seeking to explore the role of formal and informal school cultures currently shaped by anti-obesity policy (Evans & Colls, 2010; Evans et al., 2008b; Burrows & Wright, 2007) in the development of disordered eating. The research aims, objectives, and the research questions which have guided the study, are outlined below:

1. The research aims to contribute to theoretical and empirical understandings of disordered eating, focusing on education’s impact upon the development of identity and health. Specifically, this is guided by the following research questions:

- What are the features of schooling and critical schooling experiences that the participants identify as important and as having a bearing upon their subjectivities and relationships with their bodies?
- How are the participants learning to make sense of ‘the body, weight and health’ at school?
- What role do the various socio-cultural practices in schools, such as processes of regulation, surveillance, and school cultures of performativity, play in the lives of the participants and their experiences of disordered eating?
• How might these features and processes of schooling co-mingle for the participants? For example, is there a relationship between cultures of academic performativity and performative features of health and physical education contexts (Evans, et al., 2008a; Rich and Evans, 2009b) in which the body may also be measured?

2. The research aims to investigate the relationships between formal and informal school cultures and social practices outside of schools, including family, peers, media, and examine how these may intersect to play a role in the development of disordered eating. Specifically, this is guided by the following research questions:

• What are the participants learning about ‘the body, weight and health’ in other social contexts, including family, the media and peer cultures, and how does this come to bear upon the ways in which they read and understand pedagogies of the body (Wright & Harwood, 2009) within school contexts?
• What are the knowledges and resources that the participants may bring to education, which may either confirm or challenge what is being said in these school contexts?
• How are school cultures intersecting with wider popular pedagogy across family, media and peer culture, and with what impact upon the participants’ lives?

3. The research aims to consider how formal and informal education cultures, that may impact upon disordered eating, are experienced through classed, ethnic and gendered dimensions of identity and subjectivity. This is guided by the following research question:

• How might body-centred cultures be experienced in non-uniform ways and mediated by young people’s ethnicities, gender and class?

In order to move away from simplistic understandings of the experiences of young women and girls as totalising, fixed or universal, the study draws upon feminist post-structuralist understandings, which offer the potential to engage with the complexities of identity and the fluid and multi-faceted nature of the participants’ experiences. Drawing on Foucault (1977; 1990), schools are also viewed through this framework
as institutional sites of competing discourses; and power as a process operated and produced through multiple, shifting discourses, or ‘regimes of knowledge and truth’. ‘The body, weight and health’ are viewed as objects of ‘knowledge and truth’; of discursive formations and practices (Gore, 1993: 1) and schools as social institutions in which bodies can be taught and trained, disciplined, monitored and surveilled (Rich & Evans, 2009b). It is anticipated that findings from the study may thus yield insights into the potential for educators to challenge any features, processes and socio-cultural practices of schooling, which may be implicated in the development of disordered eating. This will be achieved primarily through highlighting the impact of the socially constructed nature of cultural ‘truths’ about ‘the body, weight and health’, and pointing to the need to open up spaces for alternative frameworks of understanding to be filtered into schools.

1.3 Disordered Eating, ‘Obesity’ Discourse, ‘Health’ and Education

The relationship between schooling, and young people’s embodied identities and their relationships with food, warrants closer inspection, given recent socio-cultural and socio-political shifts in the role of schools in combating what has been described as a ‘childhood obesity epidemic’. “Warning to nation of fatties” (The Sun 12th February, 2004) and “obesity: a national scandal” (Daily Express, 2008: 11) declare some of the recent headlines from mass-media reports. Indeed, the UK population is now being informed, on a daily basis, that too many of us are ‘too fat, overweight and obese’ and that “urgent measures need to be taken to make more people thin” (Evans et al., 2008b: 1). “In the twenty-first century, we have put ourselves in the first circle of fat hell” suggests Critser (2003: 176) and, indeed, since the year 2000, reports and claims of an ‘obesity epidemic’ and ‘what we should, urgently, be doing to combat it’, have become regular features of major newspapers, television networks, news magazines (Oliver, 2006: 37); books (see Maguire & Haslam, 2009; Sattar & Lean, 2007; Beecher, Hagen & Tessmer, 2006; Critser, 2003); government reports (e.g. The House of Commons Health Committee Report on Obesity, 27th May 2004) and campaigns (see Department Of Health [DO] 2010, Change4Life). It is a pervasive message, highlight Evans, et al., (2008b: 2), repeated uncritically, not only within the UK, but also globally. Indeed, media coverage and public focus on obesity is also endemic within the United States of America, reports Campos (2004), with similar news stories also appearing regularly in Hong Kong, China, Singapore, Australia, New Zealand,
Canada and elsewhere (Evans et al., 2008b: 2). There also now exists a large and prolific scientific literature on ‘obesity and overweight’ (Gard & Wright, 2005: 3), much of which describes it as a significant “health risk” and “contributing factor to numerous health problems” (see Moon, Quarendon, Barnard, Twigg & Blyth, 2007: 20). Broadly, this pervasive discourse of ‘obesity and overweight’ is based around a number of central assumptions, the first of these being the claim that the UK, as a nation, is in the grip of an epidemic of obesity, because levels of obesity and overweight across the population are increasing dangerously. Second, is the assumption that this allegedly worrying state of corporeal affairs is due to sedentary lifestyles in Western societies, and the wide availability of high-fat ‘junk foods’ (Gard & Wright, 2005: 3). Finally, much of this attention around ‘obesity’ is also focused upon children, and the assumption that children, in particular, are becoming ‘overweight’ and ‘obese’, thus representing a particular threat to the future ‘health’ of the nation.

Governments, health authorities, sports agencies and various avenues of the media have joined forces in response to these claims, in an attempt to combat this perceived epidemic of ‘obesity and overweight’. Often targeted as major sites for intervention, education institutions have become central vehicles for this ‘health’ education and ‘obesity’ prevention, and children are now being taught at school how to ‘eat right’, exercise and keep their weight in line with prescribed criteria (Burrows & Wright, 2007). This includes the recent introduction of new ‘health’ based policy, practice and school curricula (see Department Of Health [DoH], 2005) and an increasing number of school-based intervention efforts and programmes of prevention designed to target childhood obesity (e.g. Kipping, Payne, & Lawlor, 2008; Marcus, Nyberg, Nordenfelt, Karpmyr, Kowalski & Ekelund, 2009). This research views schools as emerging social contexts, therefore, in which young people are learning ways to make sense of food, their bodies, their weight and their health. It makes-up part of a growing body of work (see Wright & Harwood, 2009; Rich, Monaghan & Aphramour, 2010; Allwood, Rich & Evans, 2006; Evans, Rich, Davies & Allwood 2005; Rich, Holroyd & Evans, 2004; Evans, Rich & Holroyd, 2005; Evans, Rich, Allwood and Davies, 2008a; 2008b; Burrows & Wright, 2007; Gard & Wright, 2001 Burrows, Wright & Jungersen-Smith, 2002) that is beginning to explore the wider health messages being recycled and embedded daily across education cultures. One of
the major issues that the research explores is thus, whether these social messages about ‘the body, weight and health’ are really making young people healthy?

1.4 Positioning the Study
This study intends to contribute to the existing research base by exploring how these social messages, or discourses of ‘the body, weight and health’ are entering educational processes and how they are being interpreted by this participant group of young women, who are experiencing disordered eating. Schools do not exist as independent social contexts though, rather they have emerged as part of the wider network of formal and informal contexts, which make-up these young people’s lives. The research also includes the voices of some of their parents, therefore, to explore the socio-cultural resources that these young women and girls may be bringing to schools from home, and how these may mediate their interpretations of these social messages about ‘the body, weight and health’.

1.4.1 Qualitative methodology
The research questions and the vulnerability of the participant cohort have required the development of a careful and sensitive methodology. It has been essential that this has enabled the collection of detailed data around these sensitive, and sometimes emotional, issues in foregrounding the experiences and perspectives of these young women and girls. As the opening narrative to this chapter illustrates, entering the social and cultural worlds of disordered eating is important, if its development is to be meaningfully understood. For this reason, and in order to explore the questions central to the investigation, it was decided that I, as researcher, would spend periods of time (of up to two weeks), staying with the participants at Eastwood House, in order to develop the rapport, trust and understanding required to build relationships with these young women. The research methodology has also adopted a variety of qualitative techniques, including the use of semi-structured interviews, and activity-based tasks such as diaries, poster-making and emails, designed in line with growing trends in youth studies, to encourage the active involvement of the research participants, in the generation of data (see Oliver & Lalik 2000; 2001; 2004; Christensen & James, 2008). The use of these qualitative techniques has been selected as a means of offering the participants a variety of media, through which they may express, reflect
upon and share their experiences. The priority here has been to collect rich, in-depth data, in order to help us understand, as much as possible, about these participants’ experiences of disordered eating, in relation to educational practices and other aspects of their lives. Indeed, as Denzin & Lincoln (2000: 8) point out, qualitative researchers share a concern to achieve “a better understanding of the subject matter in hand” as they “seek answers to questions that stress how social experience is created and given meaning”. These qualitative methods have offered the best possibilities for generating thick, descriptive, in-depth data, through which the central research questions can be explored.

1.4.2 Research with participants experiencing disordered eating

This research has selected to draw on the experiences of young women who have developed disordered eating, for a number of reasons. First of all, given the importance of considering disordered eating within its social and cultural contexts (Hepworth, 1999), this brings the focus onto schools. It is somewhat surprising that schools, quintessentially agencies of social and cultural production and reproduction, have received so little detailed attention and analysis from research within this field. Indeed, there exists a very substantial literature on disordered eating, but very little which looks at the role of schools. For the large part, where socio-cultural contexts are considered within this body of work, this has often been in relation to the idea that the mass media, reflecting the contemporary interests of consumer capitalism, strongly influences, if not determines, young women’s attitudes towards body image, diet, food and health. The school has been positioned thus, as a corrective site of intervention for a range of media literacy and eating disorder prevention in the USA and elsewhere (e.g. Raich, Portell & Pelaez-Fernandez, 2010; Berger, Sowa, Bormann, Brix & Strauss, 2008) designed to help students critique and contest these powerful, cultural themes. Viewed as a ‘preventative cure’ to disordered eating, rather than a set of practices therefore, which may, themselves, be problematic and have a disordered effect on young people’s lives, analyses of the ways in which education, along with other social practices, may be implicated in the development of disordered eating, have been largely ignored. The proposed research thus makes this a priority concern and, by concentrating on previously unexplored aspects of debates around ‘the body, weight and health’, aims to consider the impact that well-intended
recommendations about ‘weight and health’ at school, may be having upon some young people.

Because ‘eating disorders’ lie at the extremes of a continuum of behaviour relating to eating/non eating (Gorden, 2000) and ‘health’ (see Bratman, 2000), exploring the lives of those experiencing these extremes may also help highlight, and perhaps clarify, schooling processes, pedagogies and discourses in education that may negatively affect a number of people, not just those who may be propelled towards these behaviours at the extreme. Indeed, by drawing on the experiences of young women, who have developed disordered eating, and research on school curricula, the study works to challenge the veracity, substance and value of contemporary discourse of ‘the body, weight and health’. Research and literature on ‘eating disorders’ has also tended to be dominated by psychology (Allen, 2008: 587) taking an approach, thus, where the ‘condition’ is located in the individual and their ‘eating disordered psychopathology’ (Malson, 1999). Bringing the focus back to exploring the experiences of the ‘eating disordered’ instead, not as separate from, but in relation to, the socio-cultural processes, policies, practices, discourses, contexts and conditions that they emerge in, within schools and without, may, however, highlight particular aspects of these socio-cultural conditions that, as educational researchers, we need to address.

1.5 Overview and Content of Thesis
Chapter Two explores the major research and literature most pertinent to the central problematic of the study, situating it within the socio-cultural practices and processes of schooling and surrounding social contexts. The first part of the chapter presents a critical, selective review of the literature on ‘eating disorders’, exploring how ‘anorexia/bulimia’ have been predominantly constructed and framed within psy-medical disciplines, producing particular kinds of interpretations of ‘eating disorders’ which position them as ‘individual psychopathologies’. By reducing ‘eating disorders’ to a “multi-factorial model of disease” (Burns, 2003), it is suggested that these interpretations overlook the multiple and complex, gendered, classed and racialised, socio-cultural contexts in which disordered eating is situated and produced, including the role that social institutions may play, within this process. The second part of the chapter reviews some of the earlier feminist interpretations of disordered eating and women’s bodily dissatisfaction, highlighting the significance of these approaches in
Chapter One: Introducing Disordered Eating, Education and Health

beginning to re-situate disordered eating within gendered and classed social contexts, and ideologies of power. Pointing to the predominance of the focus within this work upon young women’s ‘readings’ of media imagery however (Bray, 1996), the chapter shifts to tracing developments in studies in education, the body and health, which are beginning to consider how contemporary conditions of schooling may come to bear upon young women’s embodied subjectivities and understandings of ‘the body, weight and health’ (Evans, Rich, Davies & Allwood, 2008b). Cultural constructions of the body, weight(loss) and health are the subject of a vibrant volume of critical studies of weight and body management practices (see Riley, Burns, Frith, Wiggins & Markula, 2008) and current understandings have been significantly influenced by contemporary discourses associated with an assumed ‘obesity epidemic’ in Western society (Wright & Harwood, 2009). Much of this chapter examines post-modern and critical research in the social sciences pertaining to these recent shifts in the construction of ‘obesity/health’. It points to the need for greater understandings of how contemporary discourses of ‘the body’, ‘weight and ‘health’ may be intersecting with other dominant and neo-liberal discourses within formal education and popular pedagogy, and how the lives of young people may be affected by this.

Chapter Three outlines the theoretical framework of the study, introducing the key concepts and perspectives used to explore the voices and the schooling experiences of the young women who inform the research. Drawing on a range of feminist post-structuralist perspectives, the chapter discusses how this approach can be used to extend feminist analyses concerned with theorising the central role of socio-cultural contexts, institutions, practices, language and ‘knowledge’ forms (Hepworth, 1999) in young women’s experiences of their bodies. It points to the importance of this framework in moving away from simplistic understandings of gender and identity, describing a notion of women’s experiences as complex, fluid and multi-faceted; produced within and through the social dimensions of gender, ethnicity and class, through discourse, rather than as unitary, fixed or one-dimensional. Although some critiques have pointed to the de-constructive aims of post-structuralism as incompatible with the grand narratives of feminism, the chapter discusses some of the tensions, which emerge around this theoretical synthesis, pointing to post-structuralist concepts, such as: discourse, power, multiplicity, social positioning and subjectivity, as beneficial to feminist work. Highlighting the use of these concepts for this feminist
study, the chapter discusses how these can be used to outline a feminist post-structural framework through which to theorise and explore ‘the body’, disordered eating, education and ‘health’.

These debates are continued in Chapter Four, which outlines the method, methodology, and epistemological framework of the study. The focus in the first part of the chapter is on the fusion of the ontological and epistemological assumptions, which underpin the methodology and chosen methods. The study is positioned within these feminist debates, highlighting the use of feminist post-structural perspectives to methodology and qualitative research. This focus upon the nature of knowledge and our positions within that knowledge, as central to the tools and techniques we employ, has led to discussions of whether a distinct feminist methodology exists, and that which this might incorporate. The chapter reviews these debates, pointing to the emergence of feminist-informed methodologies which, although emerging through a diversity of approaches in multiple forms, tend to identify related themes (Crotty, 1998). These include issues of researcher reflexivity, attention to gender, and relations of power. A reflexive approach is taken to writing this methodology, with consideration of my own embeddedness, as author and researcher, within the research, and discussion of how this has been addressed during the research. The practical procedures undertaken in this work and information about the various methods used; the participants, and the field are also described in this chapter, as well the processes of data analysis and transcription. In the final part of the chapter, the discussion moves on to some of the ethical issues and challenges raised, of working with a vulnerable participant cohort, who are experiencing disordered eating at the time of collecting data.

Chapters Five and Six present the narratives of the young women, parents and teachers who inform the research, with analytical commentary around emerging themes, in order to explore the discourses which facilitate, shape and construct their eating practices, subjectivities and understandings of ‘the body, weight and health’. Chapter Five examines the ways in which these discourses are recontextualised within contexts of teaching, learning and curricula, within the formal cultures of the participants’ schools. The focus here is upon the narratives the participants and their parents weave around their experiences of formal education, and the multiple
subjectivities they negotiate as they traverse the performative social cultures of schools (Ball, 2003; 2004). The chapter develops an account that is both personal and theoretical, of the ways in which these young girls, who are experiencing disordered eating, are negotiating their subjectivities through the learning and practice of discourses immanent across the formal ‘health’ and body-focused contexts of their schools, such as Health Education and Physical Education. The chapter draws, particularly, upon Foucault’s (1977; 1990) notion of bio-power, in line with more recent work, which has extended this concept (see Wright & Harwood, 2009) to further current theoretical understandings of discourse of ‘obesity/weight/health’ and associated practices, termed by these authors as “bio-pedagogical practices, enacted across a range of social and institutional sites” (Wright, 2009: 1). The chapter draws upon this work to analyse the normalising effects of these dominant discourses in the control of individual and social bodies, through the management of ‘obesity/health’ (Gastaldo, 1997) in schools. Indeed, some of the experiences the participants describe point to the emergence of new forms of normalising, pedagogical practices within education, associated with the elimination of ‘obesity’, and generating a monitoring and surveillance of their bodies. The chapter explores the extensive nature of the messages about ‘obesity/weight/health’, which are emerging in schools, and the impact of these upon the participants. Chapter Six continues the discourse analyses, moving to explore the discourses of ‘the body, weight and health’ to which the participants are exposed, across the informal cultures of their lives, including those involving relations with peers and friends, within the family, and in the media. Pedagogical activity can no longer be assumed to occur, only, within the formal contexts of schools (Evans et al., 2008b) and this chapter examines how school cultures intersect with wider discourses of ‘the body, weight and health’ to produce the socio-cultural resources available to the participants and the various versions of ‘health’ within which their embodied subjectivities are positioned and produced. Both of these chapters attempt, therefore, to reveal some of the participants’ subsequent motivations behind the decisions they are making, about their own and other’s bodies and ‘health’.

Following the analyses, the final chapter, Chapter Seven, draws together some tentative conclusions from the research, revisiting the research aims and questions and outlining some future recommendations for policy and practice in education. These
are suggestions, particularly, around the de-centring of dominant discourses of ‘the body, weight and health’ in schools, and the need for alternative ways of thinking to be filtered into education contexts. Recommendations and suggestions for future work are also discussed, including, for example, the need for further research exploring discourses of ‘the body, weight and health’ within the social context of the family. Finally, some of the issues raised by the theory and methodology utilised by the research are discussed, including some of the limitations of these frameworks, as well as the contributions of the study to methodological debates around conducting qualitative research with a vulnerable group.

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1 According to the Loughborough University Ethical Advisory Committee, a vulnerable group of participants includes those recruited from one or more of the following groups: “B1. Children under 18 years of age” and/or “B4. People with mental illness”. Since the participants were aged between 12 and 20, with all but one of them being under the age of 18, and were also resident at a treatment centre for disordered eating, at the time of data collection, they are thus classified as a vulnerable group.
Chapter Two: Exploring social constructions of the ‘thin/fat’ body

Chapter Two

‘Eating Disorders’, ‘Obesity’ Discourse and ‘Health’ Education: Exploring social constructions of the (‘thin/fat’) body

This chapter examines research concerning disordered eating, the body and education, foregrounding and outlining the problematic; the need for a study which examines the impact that contemporary cultures of schooling may have upon disordered eating. Firstly, the literature on eating disorders is reviewed, examining how such conditions are often constructed through medicalized, pathologised and individualised notions of ‘disorder’, which have tended to overshadow the role that particular social institutions might play in the development of disordered eating. Secondly, having established the need for research in this area, which places greater emphasis on the role of social institutions, the latter part of this chapter traces developments in studies in education, schooling, the body and health, which illuminate the contemporary conditions of schooling that may come to bear upon young people’s embodied subjectivities. The intention here is to ‘map-out’ socially and culturally sanctioned discourses of health, the body, and educational discourses around achievement, as they are described within this literature. This concerns two key areas. Firstly, in examining the schooling experiences of girls who are experiencing disordered eating, it is necessary to give an overview of the literature of schooling processes, specifically those pertaining to recent neo-liberal discourses of success within the educational site. In doing so, the context of schooling itself is problematised, highlighting the need for further work which explores the impact of wider features of schooling such as peer culture, examinations, and neo-liberal discourses of success, not only upon one’s sense of self, but on the lived body; on expressions of corporeality, embodied subjectivities and disordered relationships with one’s body. Secondly, an examination of disordered eating and schooling is more directly concerned with how constructions of health and the body are articulated within educational settings as a social institution. To this end, it is necessary to examine the broader literature exploring contemporary shifts in
understandings of health and weight, and specifically, studies which have traced their expression within education, as young people are increasingly situated within ‘health’ saturated contexts and discursive body domains. Current understandings of health, identity and weight, have been significantly influenced and constituted by normative discourses associated with a so-called ‘obesity epidemic’ in Western society (Wright, 2009: 1) and much of this chapter therefore examines post-modern and critical research in the social sciences pertaining to these recent discursive shifts in the construction of ‘health’. It commences with a cursory critique of dominant discourses around health, weight and obesity, upon which the majority of this research has focused, describing, however, much of the suggested uncertainty and ambiguity upon which the authority of this medical-science is based. Current issues and concerns relating to the expression of these discursive shifts within schools and within the family are raised, identifying the central problematic this thesis attempts to address and, subsequently, creating a backdrop against which a tentative exploration of some of these questions, can begin.

2.1 Understanding Eating Disorders

“Why would a talented young girl go through the looking glass and step into a netherworld where up is down and food is greed, where death is honour and flesh is weak? Why enter into a love affair with hunger…and death?.” (Hornbacher, 1998)

The “rising tide of eating disorders” (Evans, Evans, Evans & Evans, 2002: 191) is now a major concern within many societies, affecting many people (Eating Disorders Association, 14th June, 2007), “globally it seems” (Evans et al., 2002: 191). The long-term effects of eating disorders can be “alarming and severe”, suggest B-Eat: Beating Eating Disorders1 (9th January, 2010), and they affect, “not only the person with the eating disorder – but their whole family”. “1.6 million people in the UK” are currently known to have eating disorders, suggest B-Eat (9th January, 2010), and they can also be fatal; some people die as a result. Trends indicate that it is girls within the 15-25 age group who are most affected (B-eat, 28th March, 2008) although recently it has been noted that children of younger ages are increasingly developing these issues. “The number of 10-12 year olds being admitted, has doubled in the past seven years”,

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reports one treatment centre, “although eating disorders in this age group are not common, we are definitely seeing more” (Williams, 2003: 26).

Despite the increasing proliferation of disordered eating experienced by young people; a lack of progress in its understanding (Guisinger, 2008) and various difficulties in offering effective treatment to all individuals experiencing disordered eating (Walsh & Devlin, 1998); it is not a subject which has been ignored within the academic literature by any means. Indeed, as Rich, Holroyd and Evans (2004: 173) point out, disordered eating has been “well documented, debated, defined and variously understood across the disciplines of psychiatry, medicine, psychology, biology, epidemiology and sociology”. Evidently, this has resulted in a vast range of treatment approaches, theorized and researched from a variety of perspectives, and shaped by the ways in which disordered eating and associated body management practices (Riley et al, 2008), have been understood within these fields (Malson, Finn, Treasure, Clarke & Anderson, 2004: 474).

Notwithstanding this volume of both popular and mainstream interest in disordered eating, there exists, at present, very little research - even within the sociology of education or the pedagogy-based literature - which has explored how the processes of schooling may be implicated in the production of disordered eating. This is in spite of a notable body of research, exploring the impact of various aspects of the school context upon young people’s identity construction (e.g. Menter, Muschamp, Nicholls, Ozga & Pollard, 1997; Lloyd, 1992) and how education has emerged as a socio-cultural space in which young people’s lives are “composed, lived and relived”; shaped by the language of social, cultural and institutional narratives which, in turn, shape the individual person (Clandinin, Huber, Huber, Murphy, Orr, Pearce & Steeves, 2006: 1).

2.1.1 The “anorexic subject” as an object of medical science

“Good luck to those of you who have chosen to become involved in the management of these demanding patients. Eating disorders are legitimate illnesses, and those suffering from them deserve the same care and consideration as other sick people.” (Laird Birmingham, Beumont, Crawford & Hodgson 2004: 3)
The popular approach here has remained the domain of the positivistic, quantitative, objective paradigm. Rather than understanding the ‘realities’ and knowledges of ‘eating disorders’ as situated within the cultures and experiences within which they are embedded and, consequently emerge, they have tended to be conceptualised within medical/quasi-medical frameworks; viewed, for the large part, as “real, individualized, clinical entities”, ‘true’ knowledge about the human experience of which, is waiting to be unearthed through the discoveries of scientific analysis (Malson, *et al.*, 2004: 474). The majority of research focused upon disordered eating has worked therefore, to conceptualise an ‘objective reality’ existing independently of our activities, understandings, relationships and daily experiences. A modernist and scientific assumption/aspiration of a ‘true’ and ‘neutral’ knowledge, which Yardley (1997: 1) describes as “meaningless” as this “can never be attained”.

Although an increasingly sophisticated range of perspectives now offer various insights into these conditions (see Lask & Bryant-Waugh, 2000), concerns have been raised that the dominant approach tends to remain focused upon the individual or ‘patient’ as the ‘human expression’ of such a ‘concrete entity’. A ‘psychologically disturbed’ subject, who exhibits an eating pathology which is personalised, yet predisposed by quantifiable universal causal mechanisms, which need to ‘be discovered’ (Burns, 2003: 11). These include, for example, certain biological vulnerabilities/genetic predispositions (e.g. Bulik & Tozzi, 2004; Kaye, Gendall & Strober, 1998; Bruins-Slot, Gorwood, Bouvard, Blot, Ades, Feingold, Schwartz & Mouren-Simeoni, 1998) and/or particular discerning cognitive dysfunctions (Spinella & Lkye, 2004), or “specific neurocognitive abnormalities” (Steinglass, Walsh & Stern, 2006). Here, as Malson (1998: x) argues, this focus upon the “anorexic subject” and the “identifiable psychopathological characteristics of the human phenomenon they exhibit”, acts to separate them from the social context in which they are embedded, setting them apart as distinctly different from ‘the normal and the healthy’.

As such, this prevailing construction has eclipsed our awareness of the parts which the social, organisational and pedagogical processes of social institutions, such as schooling, may play in the development of disordered eating. Instead of such a focus upon the ways in which particular corporeal orientations/(particular bodies) are
ascribed with certain meanings, values and potential, and how these may be nurtured and endorsed within the daily school context, within which many young people spend many hours of their lives (Evans, Rich, Allwood & Davies, 2008a: 387), the majority of the literature on disordered eating has worked to define a variety of ‘characteristics, personality traits and clinical features’ thought to identify the typical patient to be diagnosed as ‘eating disordered’ (e.g. Perkins, Klump, Iacono & Mcgue, 2005; Steiger & Bruce, 2004).

In this sense, ‘eating disorders’ have traditionally been constructed and defined through medical, psychiatric and psychological discourse (see Burns, 2003: 30; Malson et al, 2004: 475). For example, predominant research has sought to define the “anorexic subject” (Malson, 1998), as a patient harbouring a somewhat deluded/dismorphic perception of the size of their physical body, caused by a sensory-perceptual disturbance (Rosen, 1995: 369). Certain dominant discourse also positions the “anorexic patient” as harbouring a cognitive-orientation towards “clinical perfectionism”; a “personality characteristic resistant to change” (Glover, Brown, Fairburn & Shafran, 2007: 85). A number of other studies construct patients as being ‘obsessed with the pursuit of control, fearful of losing it and using food as a tool in this process’: “Other young women are so concerned about losing control of their eating behaviour that they starve themselves and start on a relentless pursuit of thinness” (Abraham & Llewellyn-Jones (1992: 11). As Markula, Burns & Riley (2008: 6) observe “medical and psychological research tends to attribute the major cause for BID [Body image distortion] to an individual’s psyche”.

My decision to use the term disordered eating, within this thesis, is also in light of these prevailing ways in which ‘eating disorders’ have been located within the individual to be viewed as a ‘psychopathology’ or ‘mental illness’, as I feel, instead, that it rests more in-line with one of the central aims of the study: to broaden and to problematise our thinking on the nature, effects and socio-cultural production of ‘eating disorders’. In this way, using the term: disordered eating, instead, helps to bring about a shift in focus onto the practices and the processes implicated, especially within social institutions such as the school, rather than the ‘clinical subject’ and the ‘defining features of their illness’. Instead, my use of this term is to deconstruct these
very boundaries; to capture alternatively, the many different forms in which a troubled relationship with food and the body may be produced, existing within a simultaneously cultural but also corporeal context of meaning. That is, to signal more widely, that disordered relationships with food and the management of the body - detrimental to well-being, happiness and health, are not a lived experience exclusive only to those who would be medically/clinically classified as ‘eating disordered’ (Evans, Rich, Davies & Allwood, 2008b: 3). They exist as practices and personal stories, expressive and revealing of a wide range of societal dilemmas, contentions and concerns, particular to the socio-economic, historical, cultural and political dynamics of contemporary western culture (Malson, 1999: 139).

### 2.1.2 From concrete to critical: The way I feel is contextual

As Burns (2003: ii) concludes, these limiting mainstream knowledges of disordered eating “are not the only ways in which we can understand these ‘eating disordered’ experiences and identities”. A body of critical research attending to this dominant and de-contextualised notion of disordered eating as an individual psychopathology has emerged, and commenced its socio-cultural and historical re-situation. This builds upon the already substantial critical and feminist qualitative research examining the constitution of ‘mental illness’ within medical, psychiatric and psychological discourse (e.g. Foucault, 1982; Yardley, 1997; Moulding, 2003; Marecek, 1997), turning attention to the ways in which cultural images of those who are categorized within the mental health system, have such a bearing on how they, and significant others, come to understand them (Parker, Georgaca, Harper, Mclaughlin & Stowell-Smith, 1995). Discourse analytic studies exploring the constitution of disordered eating as a pathological identity, have explored, at some length, how anorexia (e.g. Hepworth, 1999; Malson, 1998) and bulimia (e.g. Guilfoyle, 2001; Burns, 2003; 2004) have been theorised in this way, within these traditions.

Indeed, drawing on the insights of discourse theory, feminism and post-structuralism, there are some powerful, if as yet marginalised, arguments, which question this reductionist, scientific focus upon individual pathology. Hepworth’s (1999) fundamental research has played an essential part in bringing to light the major themes central to this position, outlining, firstly, the dominant psychiatric definition of
‘eating disorders’ as a social construction through discourse and, secondly, the call for ‘eating disorders’, subsequently, to be considered within the gendered, social, cultural, historical and political contexts within which they emerge. We need a shift in the conceptualisation of ‘eating disorders’ from an individual to a public problem, advises Hepworth (1999), if they are to be better addressed and better understood. Malson (1998) also expresses concern that there are serious limitations to the psy-medical construction of ‘eating disorders’, pointing to the lack of focus upon the socio-cultural issues of gender and embodiment, imbricated and woven into the discourses and discursive practices, within which they are embedded. She echoes these sentiments, arguing that eating disorders need to be understood, “not so much as an individual psychopathology, than as a plural collectivity of embodied subjectivities, experiences and body-management practices”; a discursive construction of the ‘eating disordered self’ gendered, classed and embodied within the power relations that cut across the specific socio-historic discursive contexts, within which they are produced (Malson, 1999: 137).

Contributing to the conceptual manufacture and maintenance of these gendered sites of struggle, as their ‘feminization’ is produced/’understood’, re-produced/and ‘understood’ in layers of discourse, Moulding (2003: 57) reminds us that it is within psy-medical, individually-focused and intrinsically language-based forms of intervention that certain subjectivities have been offered to women, as the main objects of the ‘pathology’. It is this construction of the psychologised, eating disordered subject of which we need to be aware within our analyses, suggests Guilfoyle (2001: 151) as ‘she’ is produced within therapeutic operations of power in therapy, which encourage ‘the patient’ to construct a complex psychological subjectivity and a psychological, self-contained account of her disordered eating.

2.1.3 Counter discourses and personal interpretations

Although this is not to say that such fabrications maintain any dominant notion of a subject, unquestioned or unopposed by those who, themselves, experience disordered eating. Positioned within the critical literature, although their voices may remain subjugated to such privileged psy-medical/scientific discourse and accounts, a number of scholars, whose lives and life stories feature themes of eating and body-related
conflict, have long expressed their dissatisfaction with regards to how they have been constituted, and their personal experience silenced within these dominant paradigms:

All I could see was Jane’s heart monitor, ticking out her weak and erratic pulse, as this man stood here, peering down from on high, telling me that he was the doctor, that I, a mere young woman who had spent fourteen years in the hell of eating disorders should keep quiet. (Hornbacher, 1998: 2)

Closer attention to the medical construct of ‘anorexia nervosa’, suggests Bray (1996: 413), “reveals it to be contested by the very subjects it names”. Indeed, they have made their contribution to the literature, speaking out about their experiences, as they understand them, and challenging the dominant conceptualisations of disordered eating within the psychopathological realm (e.g. Burns, 2003; Saukko, 2000; Allwood, 2003; Segal, 2002; Moore, 1998; Hornbacher, 1998; Menzie, 2003; Bowman, 2007; Hendricks, 2003). Although there remains a dearth of research, which focuses upon the accounts of those who “are the first-hand experts of their conditions” (Segal, 2002: 9) and a body of literature focusing on their perspectives on treatment, which is only just beginning to gain some attention within the literature (see Chan & Ma, 2003; Segal, 2002; Hendricks, 2003; Tierney, 2008) the stories that they recount suggest the constructions within these traditions appear to somewhat misrepresent and “understate some human and moral dimensions of their individual experiences” (Rich & Evans, 2005a: 247-248) and also to represent a troubling and negative picture:

I was very put off by the distant, lofty, superior and often punishing tone of much that was written by their usually male, often medical authors. Anorexics were labelled sly and deceitful, bulimics disgusting, compulsive eaters greedy and untruthful. I found something voyeuristic in their descriptions of binges or bulimic episodes. (Buckroyd, 1989: viii)

For some women, as Rich (2006: 284) suggests, the medicalized construction of disordered eating as ‘a psychopathological disorder’ has produced a type of stigmatised identity (Goffman, 1963). With a narrow focus upon physical aspects of weight loss or gain, the thinking and behaviour of ‘the eating disordered patient’, thought to be behind these visual clues, is defined within this discourse as “impaired cognitive functioning” (Way, 1995: 100). The subjectivity of ‘these patients’ is
confined therefore, to a stigmatized position of pathology or irrationality, which works to form a type of “discursive constraint (Ronai, 1994)”; a conceptual framework which, some who are experiencing disordered eating, attempt to resist (Rich, 2006: 284).

Indeed, these broad-reaching critical, feminist, personal and sociological studies have been invaluable in shifting the approach from ‘the disordered individual’ to the complex conditions in which the “anorexic subject” (Malson, 1998) is situated and produced. They have begun the essential ground-work in illustrating the significant use of critical theory and qualitative research, to explore the multiple and often contradictory ways in which ‘eating disorders’ are produced, constituted and experienced; elucidating the power-relations and normative cultural values imbricated in these discursive constructions (Malson et al, 2004: 476).

Although the focus here has not, as yet, centred upon the processes of schooling, as heavily imbued discursive contexts which may also play their part in this construction, the beginning of the critical shift from ‘the person’ to the socio-cultural production of disordered eating, has nonetheless been established.

2.1.4 Feminist interpretations of disordered eating

Feminist work has also offered a number of interpretations of disordered eating, as situated within the gendered/patriarchal social contexts within which it is produced (e.g. Orbach, 1978; 1993; 2009; MacSween, 1993; Fallon, Katzman & Wooley, 1994; Wolf, 1990; Boskind-Lodahl, 1976; Seid, 1994; Chernin, 1981; 1983; Lawrence, 1984a; Brown & Jasper, 1993; Brown, 1993; Perlick & Silverstein, 1994). Indeed, as Hepworth (1999: 45) observes, during “the resurgence of interest in disordered eating in the 1970’s”, concerned by the prevalence of its occurrence in young women, social theorists and feminist writers began to introduce other theories about its aetiology and origin. Although scientific psychological and medical literature continued to dominate the definition and treatment of disordered eating, those who contributed to the research and literature in this area had become “a significantly more diverse group”, thus, these early social, cultural and feminist theories began to present the predominant psy-medical model with its first significant challenges. Above all, these
authors have pointed to the requirement of any understanding of cultural prescriptions for ideal bodies to attend to “the ways in which such prescriptions function as a patriarchal regulation of women, as an expression of and a re-production of unequal gender power relations” (Malson, 1999: 138). Implicating multiple ways in which women’s eating distress (Burns, 2003) can be viewed as the expression of their silenced struggles against patriarchal gender ideologies; the ‘battle of their bodies’ for autonomy within unequal power relations (e.g. Orbach, 1993; MacSween, 1993), either as “a social protest” in the form of a “hunger strike” against the contradictory and intolerable demands that women face in contemporary society, or as an obsessive monitoring and attempt at over-conformity to these very demands themselves (Orbach, 1993).

Feminist writing on disordered eating is representative, however, of a wide and diverse body of work and subsequently, as Frost (2001: 27) suggests, it would be misleading to interpret this as a coherent body of knowledge, as it is a field compiled of quite disparate approaches. One cannot talk of a feminist critique, suggests Malson (1998), as there are many feminisms and thus many feminist interpretations of disordered eating, representing a range of perspectives through which it is constituted “in different and sometimes conflicting ways” (Malson, 1998: 96). These can be loosely and traditionally demarcated as lines of thought produced by liberal, radical and socialist/Marxist feminism (see Chapter Four), all of which have shared important analyses on women and their bodies (Frost, 2001: 26). Subsequently, there is not the space here for a thorough exploration of all of these approaches within this thesis, and this has been done expertly elsewhere (see Frost, 2001; Burns, 2003; Brown & Jasper, 1993; Székely & DeFazio, 1993).

2.1.5 Post-structural feminist interpretations of disordered eating, diagnosis and treatment

Post-structural feminist and critical researchers have pointed to the reified boundaries of normative, conventional and intrinsically gendered forms of feminine subjectivities, resting at the core of diagnostic criteria for disordered eating, since its emergence in differing forms throughout history. Discourses which construct, and have constructed ‘the eating disordered woman’, as with assumptions about mental
Chapter Two: Exploring social constructions of the ‘thin/fat’ body

health and illness in women overall, remain, profoundly gendered they suggest (Moulding, 2006), constituted around a notion of ‘wellness’ as measured against male norms of mental health (Burns, 2003: 28). As Hepworth (1999) and Malson (1998) point out, we need to examine the part that discursive constructions of femininity have played in the creative history of disordered eating (Malson, 1998: 47), bringing to light the ways in which dominant ideologies of gender are themselves deeply imbricated in the process (Malson, 1998: xi). Indeed, a number of post-structuralist feminist authors (e.g. Moulding, 2003; 2006; Malson, 1999; Hepworth, 1999; Burns, 2003) have suggested that current attitudes towards disordered eating are symbolic of the conflicted and contradictory double-bind of ‘the feminine’, wherein “a hierarchical dualism constructs an uncontrolled, dangerous and bodily femininity in opposition to a controlled masculine will (Bordo, 1990; MacSween, 1993)” (Moulding, 2006: 793). In this way, the assumed ‘out of control and irrational behaviour’ of women who experience a disordered relationship with food, is characterised as ‘female’ behaviour, positioned, within the discourse, against the autonomous, controlled, rational and active ‘male ideal’, and thus frequently deemed as requiring a passive conformity within treatment contexts (Moulding, 2006: 798).

As such, these post-structural feminist researchers have taken dominant understandings of eating disorders as reflective of wider cultural contradictions about femininity, as a starting point within their analyses, exploring, in particular, the question of how gender is constructed within the health care interventions used to treat them (Moulding, 2006: 793). Indeed, both Hepworth (1999) and Malson (1998) suggest that the biggest influence on our understandings of “anorexia” remain with its gendered construction as an object of medical science, managed and produced within the discursive power relations which traverse this site. This is hence a stance which brings with it a number of (often unspoken) assumptions about the nature of women’s experience and the causes of their distress (Malson, 1998: x).

Feminist post-structuralist research has therefore provided important insights into the types of discourses operating within the medical management and construction of ‘eating disorders’, illustrating how dominant interpretations have been feminized over time. In this way, these studies have attended to the contemporary medical, social
contexts within which disordered eating is both treated and produced. However, these are not social contexts which exist in a vacuum. Young people, who experience disordered eating, live within and move between, a variety of discursive sites across the cultural field of their lives (see Holroyd, 2003; Kehily & Nayak, 2009). Nonetheless, little attention has focused here, as yet, upon other social contexts wider a field from the hospital ward or the psychiatrists couch; daily sites and experiences within and through which young people come to understand their bodies, their behaviours, their gender and themselves. Surprisingly in particular, as we have seen, is the lack of attention focused to date upon such a key site within young people’s lives as their schooling; how disordered eating and other body management practices are constituted, gendered, and possibly even reinforced by policy and practice within education, and the power relations and pedagogies within these institutions.

2.1.6 The media and weight preoccupation: ‘Women’s hyper-internalisation of the slender ideal’

Feminist theories have undoubtedly contributed to our understandings of disordered eating, particularly in terms of the focus they have brought onto the construction of ‘the disordered female body’ as a gendered social concept embedded within history and politics (MacSween, 1993). These early, and indeed more recent feminist and social theories of disordered eating have worked to place “gender and culture at the centre of the inquiry, rather than studying them as merely contributory factors in a multi-factorial etiological model of individual pathology” (Burns, 2003: 35). However, as outlined above, the myriad of embodied interpretations of ‘the eating disordered female form’ are produced within their own assembly of power relations; many of them remaining apparently subjugated, sitting beneath the ‘powerful conceptual reign’ of the psy-medical traditions. Whilst the construction of ‘eating disorders’ within medical, psychiatric and psychological discourses share an over-reliance upon individual pathology, some research examining the role of media and imagery of the body, has tended however, to overplay the influence of this social ‘cause’. This is the interpretation of disordered eating as ‘the direct result of media representations of slender body ideals’ and preoccupation with weight, associated, within feminist accounts in particular, with the presentation of an idealized femininity. Indeed,
It is now even increasingly accepted within mainstream psychology that the centrality of appearance in dominant female gender role expectations, and the growing pressure to conform to unrealistic body shape standards contributes to the development of eating disorders among women. (Burns, 2003: 29)

Within the contemporary western world, although ‘eating disorders’ have remained the primary possession of the psychopathological sciences, a focus on the socio-cultural role of the media has emerged at the centre of the debate (see Wolf, 1990; Frost, 2001; Grogan, 1999; Bordo, 1990; 1993; Chernin, 1983; Orbach, 1993; Burns, 2003; Brown & Witherspoon, 2002; Thomsen, Weber & Brown, 2001; Botta, 2000; Harrison, 2000; Fillon, 2001). Much contemporary polemic is structured around the impact of the western slender ideal and its extensive transmission through television, advertising, newspapers, magazines, and the over-valuation of excessively thin ‘celebrities’ and models, positioned within the clearly defined class of the display professions (Wolf, 1990: 27). As Bordo (1990) suggests, the role of social pressure to conform to the slim ideal has been developing since the late nineteenth century, when the practices of body management began to emerge as “middle-class preoccupations” and concern with diet became “attached to the pursuit of an idealized physical weight or shape” (Bordo, 1990: 83). Several studies suggest that, since the 1960s, portrayals of women within the media have become increasingly thinner, a trend, they report, to have been particularly marked during the 1990s, across Europe and the United States (e.g. Frost, 2001: 196; Grogan, 1999). As Rossiter (2000: 194) observes, our society today has become “a society which considers just a few small body shapes to be beautiful and acceptable”, creating a “common struggle with size, for many women”.

2.1.7 (De)Constructing a troubled embodiment: Bodily dissatisfaction

Much of the literature which focuses on the impact of the media in the development of disordered eating, also brings attention to the considerable number of young people, particularly girls and women, who experience dissatisfaction with their bodies (e.g. Grogan, 1999; 2006; Rodin, Silberstein & Strigel-Moore, 1985; Field, Cheung, Wolf, Herzog, Gortmaker & Colditz, 1999). Although their experiences may not be extreme enough to warrant hospitalization/medical treatment, their relationships with their bodies or their ‘body image’ are considered constitutive of a ubiquitous and
painless dissatisfaction. Indeed, in line with the rise of interest in the sociology of the body and its various social constructions over the last two decades, significant attention has also emerged in relation to its subsequent bodily dissatisfactions, in particular towards a dissonance between girls and their own bodies, which Frost (2001: 59) terms “the question of young women and body-hatred”. According to Grogan (1999), “body dissatisfaction”, which she defines as “a person’s negative thoughts and feelings about his or her body” is likely to occur most significantly, within cultures and contexts where body image is subjective/subjected to the evaluative public gaze under which ‘slimness’ presents a socially determined acceptability, and non-conformity to this ideal carries a variety of negative consequences (Grogan, 1999: 6). Body weight, observes Markula, Burns & Riley (2008: 1), has become a highly salient, socio-cultural issue for the 21st century western population, emerging as one of the most dominant ways in which the human form is meaning-inscribed.

Of course, this brings to light the question as to why millions of young girls and women, whose disordered eating practices do not reach the extremes of those who are clinically diagnosed, appear to mimic their mind-set and behaviour to some extent (Seid, 1994: 3). Indeed, within some feminist and sociological studies, much has been made of the apparent continuum of disordered eating and body image disturbance across western culture, describing it as a “social disease” (Seid, 1994) or “social epidemic” (Gordon, 2000), whereby “the incremental nature of dissatisfaction with the body is indicative of a continuum-like effect, with anorexic women representing an intensification and distortion of cultural ideals” (Haworth-Hoeppner, 1999: 106). As Grogan (1999) argues however, although many people may routinely experience body dissatisfaction, relatively few go on to develop body concerns and eating practices as pronounced as to require hospitalisation or other such treatment. This is an area of disagreement within the literature, she notes, as to whether people with seriously problematic relationships with food should be seen as a specific clinical group (e.g. Cook-Myers & Wonderlich, 2005; Eddy, Dorer, Franko, Tahirani, Thompson-Brenner & Herzog, 2008) or conceptualized simply at the extreme end of the continuum of body concern (Nasser, Katzman & Gorden, 2001; Gorden, 2000; Wykes & Gunter, 2005; Brown, 1993; Haworth-Hoeppner, 1999). Described, first of
all, in 1985 by Rodin, Silberstein and Striegel-Moore (1985), as “a normative discontent”, what appears to be more of a concern within the academic literature on body dissatisfaction, is its seemingly ubiquitous nature as a central component of the lives of many women and girls today (Marchessault, 2000), and also for increasing numbers of men and boys (Langley, 2006; Warren, 2008). Emerging as an artefact of lived experience in a culture which constructs embodied identity along socially determined dimensions of acceptability (Spitzack, 1990: 9), concerns remain around the centrality of ‘body weight’ as a predominant definition of these socio-cultural ‘dimensions’.

2.1.8 Beyond discourse of female cultural coercion?: Discussing the influence of media imagery

“Exposure to fat-character television, thin-ideal magazines, and sports magazines predicted eating-disorder symptomatology for females. Relationships remained significant when selective exposure based on interest in body improvement content was controlled.” (Harrison, 2000: 119)

As alluded to above by Harrison (2000), it is difficult to deny the socio-cultural equation of thinness with beauty, with femininity, feminine power and ‘success’ (Wolf, 1990) and, much has been written within both popular cultural, and academic scholarship (e.g. Orbach, 1978; 1993; Wolf, 1990; Chernin, 1983; Brabazon, 2006; Markula, 1995; Bordo, 1993) about the assumed influence of harmful media messages and the symbolism associated with slender female bodies, upon women who experience disordered eating and body dissatisfaction (Saukko, 2008b: 44). Such a plethora of articles, written to ‘address’ and raise awareness of “the problem of eating disorders and the fatal desire to actualize a fashionable thinness” (Bray, 1996: 415) have circulated various sectors of the cultural field to the degree that “a popular critical consciousness exists” (Bordo, 1993: 184). At the centre of this ‘critical consciousness’, rests a considerable, unquestioned and widespread assumption that the mass-media of contemporary western society, is largely ‘to blame’ for the increase in disordered eating and dissatisfaction with the body.
Some researchers (e.g. Evans & Rich, 2002; Bray, 1996), have questioned the narrow focus of this discourse upon the media and its assumed ‘power’ over society, via ‘toxic’ cultural imagery. Although they do not deny the contribution of such research to the individual-to-socio-cultural shift, following Bray (1996: 415) they critique the simplistic ‘common sense’ assumption of a direct and quantifiable causal relationship between ‘ideal’ media representations and material bodies, upon which it is based. To construct women and young people in this way is to position them as the susceptible viewer, totally passive and submissive in the process (Evans & Rich, 2002); as an undiscerning consumer, critically consuming anything and everything produced by the media; one of many to be suffering from a ‘reading disorder’ in which the mass cultural artefacts such as popular women’s magazines, and certain television programmes have become “endowed with the ability to poison their consumers” (Bray, 1996: 414).

Women in particular are positioned passively within this discourse; those experiencing disordered eating, constructed as subjected subjects, damaged by the societal thin ideal and images of hyper-thin fashion models (Malson, 1999: 138); cajoled into occupying the shrunken space of a child-like femininity (Bray, 1996: 415). It is an understanding of women’s embodiment as ‘corrupted and controlled by exploitative, patriarchal processes of socialisation’ which has emerged as a central component of some early feminist theorising on disordered eating and women’s bodies (e.g. Chernin, 1981; 1983; Wolf, 1990; Orbach, 1986).

To go beyond this limiting theorization of women, suggest Rich & Evans (2002: 3), we need to move away from positioning women as ‘cultural dupes’, simply reproducing socially constructed/media representations of body image. This is not to deny that media imagery may play a part in the process, and it would be remiss not to acknowledge the importance of the contextualisation of disordered eating within popular media portrayals of the female body, in highlighting the complex contributions of capitalism and patriarchal responses to feminism (Burns, 2003: 40). However, as Malson (1999) argues, simply,

conceptualizing ‘anorexia’ in terms of an over-
internalization of cultural prescriptions about female
beauty and the ‘necessity’ of dieting only begins to understand how our socio-economic, cultural and political contexts are implicated in the production of ‘anorexic’ subjectivities, experiences and body-management practices. It does not in itself constitute an adequate end-point in understanding ‘anorexia nervosa’ as a complex and heterogeneous, culturally produced category of distress. (Malson, 1999: 138)

Instead, point out Katzman & Sing Lee (1997), the stereotype this presents may be “belittling”. Also, to understand women’s disordered eating as a universal response to socio-cultural ideals, as Burns (2003: 40) outlines, is to assume ‘women’ to be a “coherent and homogenous group (represented as white, middle class and heterosexual), uniformly exploited by patriarchy”\(^3\). This is a didactic and monolithic notion, suggests Burns (2003: 40), which “fails to address the heterogeneity in women’s experiences of eating and body distress” (see also Szabo & Le Grange, 2001; Thompson, 1994).

In addition, Marchessault (2000: 203) argues that most women and girls, even those whose thoughts and practices maybe be perceived as geared towards the slim ideal, do express at least some resistance to the pressures on women to be ‘thin and beautiful’, yet their resistance is largely overlooked in both popular and academic discussions of such, creating the impression that these messages are passively internalized. The narrow focus of this discourse, its blinkered gaze fixed only upon ‘the media and its inevitable affects’, also makes the unquestioned assumption that television, newspapers and magazines are the biggest, singular influence upon women and young people, ignoring the complex ways in which media reception may be mediated by young people and their experiences across a range of social contexts. Indeed, as Riley et al (2008: 6) suggest, “family and peer influence are also important factors on the formation of body dissatisfaction”.

2.2 Education and ‘Eating Disorders’: Schools as sites of intervention or sites for exploration?

“There are undoubtedly numerous other discursive contexts within which ‘anorexia’ can also be located.” (Malson, 1999: 139)
As outlined in the previous section, a large volume of the literature on disordered eating has tended to focus on either the notion of ‘eating disorders’ as individual pathologies (Hepworth, 1999; Malson, 1998; Burns, 2003) or as media-induced ‘reading disorders’ (Bray, 1996) through which women are passively influenced into losing weight in conformity to ideal images of feminine body ideals. However, as Malson (1998: x-xi) has suggested, we need to develop new frameworks within which to theorize our research on disordered eating if we are to broaden our understandings of it, and its complex, multiple and socio-cultural origins. This might be considered a retheorization of ‘eating disorders’ and a widening of our understanding. A number of authors (e.g. Rich, Holroyd & Evans, 2004; Rich & Evans, 2005a; 2005b; Evans, Rich, Allwood & Davies, 2008a; Evans, Rich, Davies & Allwood, 2008b; Halse, Honey & Boughtwood, 2007) are beginning to suggest this theoretical shift has encouraged us to look afresh at the role of particular social contexts in the development/social construction of disordered eating. As Markula, Burns and Riley (2008: 8) suggest:

In contrast to medical and psychological frameworks that decontextualise and individualise weight issues, critical, social constructionist and post-structuralist approaches [...] turn to socio-cultural forces as having powerfully constitutive effects on the individual’s body and psyche. (Markula et al. 2008: 8)

One such institution, which can have a constitutive effect on embodied subjectivities, is the school (Clandinin et al., 2006). Indeed, the social contexts of schools have long been recognised as ‘disciplinary institutions’ (Foucault, 1977) which have a significant impact on the subjectivities of young people. In terms of its relationship with young people’s bodies, recent research illustrates how schools as discursive sites of power draw upon “health discourses and various normalising techniques in the social construction of young women’s bodies” (Rich, Harjunen and Evans, 2006: 179). The use of disciplinary practices and moral technologies within schools, to regulate the bodies and behaviours of children and young people in specific ways, has already been well documented by a number of researchers within the literature (e.g. Ball, 1990; Evans et al., 2008a; Halse, Honey & Boughtwood, 2007; Seedhouse, 1997; Burrows & Wright, 2007). Within the modernist school, they suggest, a
discourse of discipline has become representative of a socially productive and culturally desirable “virtue” (Halse et al., 2007: 224). Disciplinary institutions “organize physical space and time”, suggests Ball (1990), “with activities that have been developed over time to change people’s behaviour over a number of parameters” (Ball, 1990: 15-16, cited in Halse et al., 2007: 224). The education system ‘works upon’ young people to shape them as embodied subjects, to “discipline and normalize the school population in accordance with institutionally approved behaviour” (Halse et al., 2007: 224).

These critical, post-structuralist analyses have included studies examining the part that the policies, disciplinary practices and moral technologies (Halse et al. 2007) and the daily recycling of body-centred talk about thin, fat, food and exercise within contemporary education (Evans, Rich, Davies & Allwood, 2008b), may play in the production and re-production of disordered eating. It is only in recent years however, that a small volume of work has begun to look critically, and specifically, at the relationships between particular features of schooling and their impact on disordered eating and body dissatisfaction from a critical perspective (see Rich & Evans, 2002; Allwood, Rich & Evans, 2006; Evans, Rich, Davies & Allwood 2005; Rich, Holroyd & Evans, 2004; Evans, Rich & Holroyd, 2005; Evans, Rich, Allwood and Davies, 2008a). In the following sections I outline the various approaches to exploring weight issues and education, specifically those studies examining issues of disordered eating, body image and body dissatisfaction and relationships with schooling.

2.2.1 Intervention, prevention or education?
Within the health and education literature, the existing volume of work on disordered eating and body image has tended to remain focused, primarily, upon formal education as ‘an ameliorative or corrective site for intervention’ (Rich & Evans, 2002: 2). This has highlighted a call for ‘the intervention and prevention methods needed within schools as a remedy to off-set disordered eating’, leading to a collection of intervention-based studies carried out across several countries, including Switzerland, Spain, Germany and the U.K. Much of this work has adopted a quantitative approach, employing survey-based methodology; questionnaires, self-report scales and behavioural measures, to evaluate the perceived effectiveness of these interventions. It
has aimed to review and put into practice various strategies, programs and approaches, designed as an attempt to ‘prevent’ disordered eating for young people in schools (e.g. Buddeberg-Fischer & Reed, 2001; Buddeberg-Fischer, Klaghofer, Gnam & Buddeberg, 1998; Varnado-Sullivan & Zucker, 2004; O’Dea & Maloney, 2000; Piran, 2005; Neumark-Sztainer, Perry, Hannan & Levine, 2006; Berger, Joseph, Sowa & Strauss, 2007; Raich, Nchez-Carracedo, Pez-Guimer, Portell, Moncada & Fauquet, 2008), and also to engage teachers in the cause (e.g. Piran, 2004; Manley, Rickson & Standeven, 2000; Favaro, Zanetti, Huon & Santonastaso, 2005). This body of research has helped to shift our attention onto schools, in relation to issues of disordered eating, highlighting the importance of early detection and the support of pupils. However, there is still limited exploration within this literature of the ways in which the school itself may be producing and endorsing certain messages about the body, food and normality (Gard & Wright, 2001: 535) and its relationship with body image and disordered eating practices. Instead, the education context is viewed as a site of “potential ‘cure’ to disorder”, rather than as a set of socio-cultural processes which may themselves have a problematic and ‘disordering’ effect on young people (Rich & Evans, 2002: 2).

This is perhaps with the exception of a few notable pieces of earlier work (e.g. Piran, 1999; Dyer & Tiggemann, 1996; O’Dea, 2000), in particular those carried out by Ransley (1999) and O’Dea (2005) which have, at least, begun to shift the focus onto the parts that certain educational processes may play. Ransley (1999) offers a summary account of some of the main areas she identifies as relevant for schools wishing to support pupils experiencing ‘eating disorders’. These include issues such as early detection, the available course of action for schools dealing with these situations, potential legal matters, and also the areas of the curriculum and essential values of the school which may “provide opportunities for the expression of an eating disorder” (Ransley, 1999:36). Teachers may unintentionally reward the over-valuation of the work-ethic “often present in pupils with anorexia nervosa”, she suggests, or, similarly, the obsessive interest in exercise which may become manifest in physical education lessons. Within physical education a critical awareness should also be maintained, she continues, to ensure that negative attitudes towards the body in line with certain ‘desirable’ physical attributes are not endorsed, for example during the
selection of team members and the enforcement of public showering (Ibid: 37). Ransley (1999) has begun to highlight a different way of looking at education, commencing a tentative scratch at the surface, to raise important inquiry into some of the more hidden aspects of the curriculum (Kirk, 1992b) and the possible implications of these for pupils experiencing disordered eating.

O’Dea (2005) carried out a major literature review of 21 papers concerned with the implementation of body image and eating disorder prevention programs within schools, cited within the last 50 years. She evaluated these in line with criteria to suggest, for example, improvements in knowledge, beliefs, attitudes or behaviours for pupils, aiming to highlight approaches which have produced positive results within these large randomised and controlled interventions (O’Dea, 2005: 11). The study aimed to offer health educators an overview of tried and tested strategies, and important issues to consider when administering interventions designed to target eating disorders, and other body matters. With the recent focus upon young people as a target for preventative health education, the study concludes however, that the role of health education/the health educator, is “complicated”. Interventions addressing obesity, body image issues and eating problems should be administered carefully, ensuring not to inadvertently create further concerns for young people around food, weight stigma, the glamorisation or normalisation of dieting or disordered eating O’Dea (2005: 11).

These studies offer a valuable resource, beginning to shift the focus away from an ingenuous view of the education context existing only as a site of corrective intervention. Although they are progressive in the issues they raise, they are limited in terms of the theoretical frameworks they adopt, and therefore how the role of schools can be explored (for example by examining schools as imbued in relations of power). More recent work within this area, within the sociology of education critical literature (e.g. Halse et al., 2007; Rich, Holroyd & Evans, 2004; Evans et al., 2008b), discussed later in this chapter, has begun to explore the complex relationships between schools as discursive sites of power, constructions of health and embodied subjectivities of young people. Specifically, these post-structuralist perspectives have offered a critical
reading of the discourses at play within the education context, and their impact as they are taken-up within young people’s lives.

2.2.2 Intervening in media imagery: School-based media literacy programmes

Dominant discourse around disordered eating and issues of body image, often views the mass media and the rise of ‘beauty’ consumerism as a causal influence, as we have seen, particularly in terms of the representation of women’s bodies. Another volume of literature further examines the implementation of school-based interventions therefore, which are focused upon media imagery, often along with other assumed ‘risk factors for eating disorders’ (e.g. Becker, Bull, Schaumberg, Cauble & Franco, 2008). Once again, within this body of work, the school is viewed as an intervention site for the implementation of these programs, which are designed to help students contest dominant cultural themes; to critique stereotypes and prejudices around weight; unrealistic body ‘ideals’, especially the thin aesthetic; and dieting. Although the ‘eating disordered’, or ‘potentially eating disordered’ student generally remains a primary target for these interventions, a wider audience is often sought, with many programs designed to address body dissatisfaction (see Grogan, 1999) and body image disturbance in groups of young girls and women (e.g. Durkin, Paxton & Wertheim, 2005; Engeln-Maddox, 2005). These studies have examined various features of social comparison, implementing interventions designed to promote a ‘positive body image’ and to prevent ‘internalization of the thin ideal’. A study carried out by Durkin, Paxton & Wertheim (2005), for example, in the United States, with girls in the 7th, 8th and 10th grades, aimed to evaluate the responses of these young people to messages they described as popular themes implemented within these eating disorder and body dissatisfaction prevention programs. Employing a quantitative, questionnaire based methodology, and assessing participants responses in line with psychological measures such as “body image concerns, comparison tendency, psychological functioning, risk factors for eating disorders and internalization of the thin body ideal”, their analyses suggest that their participants rated two messages frequently employed within these programs, most strongly. These were: “media images are not real” and “the ideal body changes through history and between cultures”. These messages, they concluded in terms of their persuasiveness, are therefore of particular value for these types of intervention (Durkin et al., 2005:}
Other school-based media literacy programmes, produced within the USA and elsewhere, have promoted similar themes. Using group-work and similar quantitative frameworks to assess the effectiveness of their interventions, they have been designed to aid young people in their contestation of media imagery and the advertising industry and to provide them with a broader, socio-cultural perspective on societal pressures (e.g. Wade, Davidson & O’Dea, 2003; Becker, Bull; Schaumberg, Cauble & Franco, 2008). However, the tendency within these studies is to overlook the role of the school itself, as a socio-cultural site within which there may be a range of other societal pressures for young people. Students are encouraged to critique and question powerful messages sanctioned within the mass media, but not those endorsed by schools.

Within these studies, in line with dominant discourse around disordered eating and the assumed impact of the media, young people are often positioned as simply reproducing socially constructed representations of body image (Rich & Evans, 2002: 3). They are thus taught within media-literacy programmes simply to ‘internalize’ certain alternative, critical messages about media ‘ideals’, rather than offered the space in which to explore their own interpretations of these cultural media and the ways in which they are implemented within their lives. This is not to suggest that interventions, which encourage young people to contest media imagery may not be a valuable educational resource, nor is it to deny the inescapable imprint of certain hegemonic body ideals, their cultural legitimation of power and gendered meanings (Bordo, 1993: 212). However, if we are to develop interventions designed to bring about positive changes in young people’s relationships with their bodies and to enhance their abilities to critique the cultural resources with which they are surrounded, then we need to acknowledge young people’s relationships with ‘ideals’, not as an unquestioned pursuit, rather as a more knowledgeable engagement with a cultural resource - albeit perhaps with “eyes wide shut” to the potentially damaging/fatal consequences of their actions (Evans & Rich, 2002: 3).

Moreover, we need a greater understanding of the context of schooling processes, and their mediation by broader health discourses concerned with weight, before we might develop successful methods to address these concerns within schools. Phelps, Sapia,
Nathanson & Nelson (2000) have begun to attempt the active involvement of young people in the implementation of intervention. Their study evaluated a school-based eating disorder prevention program, which draws upon a psychology-based etiological model, designed to identify and promote resiliency factors whilst mitigating identified risk factors. The sessions implemented as part of the program included discussion of socio-cultural ‘ideals’ for thinness, and the role that the media, advertising, peers and family may also play in the endorsement of weight control messages. Young people were encouraged to share their own perceptions of contemporary body ‘ideals’ and their own experiences with peers and family pressures (Phelps et al.: 445).

The approach employed here is valuable in its use of active individual participation and collaborative learning, although it is limited theoretically, in the absence of any framework through which these young people’s interpretations of these cultural messages can be explored. As subjects involved in the creation of their own realities, shaped by discursive processes of thought and meaning, we need research frameworks working from a theoretical base, which are able to explore the complex and often subtle ways in which young people’s multiple identities are formed (Hobbs, Broder, Pope & Rowe, 2006: 720). The mass media may be interpreted in different ways by individuals and mediated along classed and gendered lines, as young people are positioned within the discursive possibilities made available to them (Davies, Dormer, Gannon, Laws, Rocco, Taguchi & McCann, 2001; see Evans et al., 2008b, Chapter Five). Bodily messages, which may play into the formation of subjectivities of disordered eating, may also be present, not just within the ‘idealized’ promotions of the mass media, but within the social classed and gendered contexts of formal and informal education. An exploration of the role that educational processes themselves may play in the endorsement of these messages, and the available space in which young people may learn to critique and contest these, also remained absent within this work, as within the majority of this literature.

2.2.3 Body talk: Exploring narratives of the body in schools
A significant body of research has documented and examined the use of narrative and auto-biographical work as a means of exploring interpretations of the body, offering a different theoretical perspective to how one might examine eating and weight issues
within schools. Locating the subject within a broader framework, which draws upon narrative and the ‘telling of life stories’, it is within and through these social scripts that they are understood as narrators of their own identities. Narrative analysis focuses upon the social construction of the body, the interpretations and cultural meanings, which are written onto the physical form, and how these are negotiated and lived by subjects as stories of compliance and resistance (Lee, 1997: 453). This framework is used, not as an historic account of ‘falsity’ or ‘truth’, but as a means of exploring personal stories as the site of identity-formation (Kehily, 1995).

Taking the self-reflexive nature of modern identity as its starting point, a large volume of broader theoretical work has therefore looked at narratives of gender and the body. For example, work by Sparkes (2000) has used this approach to examine the sporting body, using autoethnographies of the self to extend sociological understanding (Sparkes, 2000). Feminist work has also drawn upon narrative and autobiographical techniques, “telling women’s lives” (Weiler & Middleton, 1999) and deconstructing gender through their storied experiences of domestic violence and oppression in the home (e.g. Spry, 1995; Thapan, 1995); their work as teachers (e.g. Rich, 2002; Theobald, 1999; Weiler, 1999); women’s narratives of illness and recovery (e.g. Skultans, 2000; Rosenblatt, 2006; Loyttyymiemi, 2005); and narratives of the gendered, sexual and maternal body (e.g. Rossow & Spindler, 2007; Puri, 1999; Gottschang, 2007; Evans, Grogan, Hunter & Wright, 2004).

More specifically, narrative studies have also examined the social construction of the ‘thin body’ as a central aspect of body politics, exploring women’s body narratives of their experiences of living within a “culture of slenderness” (Grogan & Wainwright, 1996). This work has looked at identity management among women and girls who may be considered ‘overweight’ by conventional standards and the narrative strategies and creative means of ‘self'-making they use to construct and manage their own identities and to resist cultural stigma and constraint upon their size (e.g. Cordell & Ronai, 1999; Rice, 2007). Other studies have also explored the narrative construction of subjectivity around disordered eating and how those who are experiencing it create and manage their identities, which are also often pathologised, gendered and stigmatised as irrational (e.g. Rich, 2006; Brain, 2002).
A growing number of interventions have therefore moved towards the use of this feminist research technique (Curti, 1998) as a means of exploring young people’s narratives of the body (e.g. Daigneault, 2000; Frost, 2001; Oliver, 1999; Oliver & Lalik, 2000; 2001; 2004) and revealing something about the wider cultural context. Using story telling and critical reflection, Oliver & Lalik (2004) implemented and explored curricular processes used in work with four adolescent girls, to help both themselves as researchers, and this group of young girls, to understand how they experienced their bodies. Rather than normalizing the feelings and behaviours of girls and young women and assumed ‘female bodily anxieties’, they sought to understand these girls’ perspectives (Oliver & Lalik, 2004: 309), to find out what these girls may find interesting, important, or problematic. In utilising this narrative approach, they were able to access the complex and often contradictory narratives of strategic regulation of the body, alongside critical strategies of resistance. Their analyses, they suggest, point to the need for more enquiry based study, grounded within girls’ own experiences of the body, their questions and concerns, in a move towards helping young people to become their own critical consumers of cultures (Oliver & Lalik, 2004). This is a sentiment echoed by others in a call to make plausible the idea of “letting children speak for themselves” (Qvortrup, 1990: 86). If we are seriously to improve conditions of life for children, suggests Qvortrup (1990: 101), “we must, as a minimum precondition, establish reporting systems in which they are heard themselves as well as reported on by others”.

Narrative research has thus been useful in encouraging young people to examine and become more aware of, the power relations in which they are positioned. Daigneault (2000) employs a narrative-feminist theoretical perspective to implement a school-based group intervention, for working with disordered eating behaviours, issues around gender, body image, weight and self-esteem. Titled: Body Talk, her approach is based around the use of group work and activities, offering female high-school students the opportunity to discuss their experiences of the body and physical appearance, relationship concerns and their understandings of what it means to be female. Narrative approaches, she suggests, are an effective tool for intervention work with disordered eating issues (Daigneault, 2000). Encouraging young people to
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engage with the stories they are telling about their bodies, point out Rich & Evans (2002), emphasises their telling of these stories, therefore engaging a sense of personal power. This is a far cry from simplistic attempts to increase young people’s knowledge about ‘risks associated with the media’; a limited approach which is by no means enough to effect significant future change (Phelps et al. 2000: 445).

Narrative approaches have indeed provided us with the tools for more advanced forms of intervention and these have been usefully employed in engaging young people in talk, exploration and critique of their own bodily experiences (see Oliver & Lalik, 2000), disordered eating practices (see Daigneault, 2000), family and peer issues, and the media (see Frost, 2001). In examining narratives of the body and disordered eating behaviours, the focus of this invaluable work has remained outside of what goes on in schools however, with little use of these techniques to explore the formal and informal cultures of schooling themselves, and how the messages intricately woven into these complex sites, may also impact upon young people’s narratives of their bodies and ‘self’. We need to consider the discourses of the body which may be transmitted indirectly via the socio-cultures and epistemic communities of schooling, suggest Rich & Evans, (2002: 4), as young people negotiate their identities within the complexities and possibilities emerging across the curriculum. Their points reiterate the need for analyses that understand both the macro and the micro, and the dialectical and relational ways in which discourses immanent within the, sadly under-explored, context of the school, and in wider society, may play into the formation of young people’s identities and embodied subjectivities.

It seems there remains a need for further research employing more complex theoretical frameworks, which offer the tools to explore the subtleties and complexities of the messages, which may be embedded within the schooling process, around body, health and self. In particular, there is a need for work which addresses, more explicitly, the relationship between conditions and discourses of/within schooling and disordered eating. Adopting a feminist post-structuralist theoretical framework (explored in Chapter Three) this thesis therefore attempts to examine the discourses and embodied dispositions endorsed within the formal and informal contexts of schooling. Specifically, it seeks to address how schooling processes
feature in the lives of a group of white, young women and girls, who are experiencing disordered eating5.

2.3 Schooling ‘Healthism’ & ‘Obesity’ Discourse: An overview of research and literature

In examining the relationship between schools and disordered eating, it is necessary to explore the literature interrogating the discursive construction of weight and health issues at the social and institutional level. As noted above, schools have long been recognised as sites of disciplinary power (Foucault, 1977), historically bound up with a ‘medico-health rationale’ (Kirk, 1992a: 130). In recent years, the construction of health discourse within school contexts has carried more salience following increasing moral panic surrounding a so called ‘obesity epidemic’ with a particular focus on children, who are viewed through this discourse as the generation born into, and most affected by, these ‘fat times’: “laziness epidemic will kill children”, suggests the Leicester Mercury, “Doctors warn the next generation will die young” (Leicester Mercury, 28th May, 2007: 1). As a result, the issue of body weight has become increasingly important in the agendas of governments and health agencies, with schools identified as a key site through which to intervene and address the ‘obesity problem’. To this end, various studies in recent years have examined how policy and practice related to obesity has been recontextualised in school settings. Schools are required to take specific action to address the ‘obesity problem’, by teaching children to make “healthy lifestyle choices” (Department Of Health [DoH], 2005: 1). This has involved the implementation of various programmes, campaigns, practices, policies and ‘Healthy Schools’ government schemes, as will be highlighted throughout the rest of this chapter.

A small yet growing body of literature, some of which began the groundwork leading up to this study, has indeed begun to tentatively explore the school as a context within which, wider health messages are being recycled and embedded daily (e.g. Evans et al., 2002; Evans, 2003; Rich & Evans, 2002; 2005; Rich, Holroyd & Evans, 2004; Evans et al., 2008b; Burrows, Wright & Jungersen-Smith, 2002; Wright & Burrows, 2004). Much of the critical research in this area has focused on contemporary
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discourse around ‘obesity’ and ‘health’ and how particular regimes of ‘truth’ become upheld, thus legitimating and endorsing particular ‘healthy’ embodied actions and subjectivities within schools (Evans et al. 2008b) and within the physical education site in particular (see Webb, Quennerstedt & Öhman, 2008; Kirk & Colquhoun, 1989; Wright & Burrows, 2007; Gard, 2004; Kirk & Tinning, 1994; Johns & Tinning, 2006; Johns, 2005).

Drawing on the theoretical lens of Foucault (1973; 1982), these studies explore the education institution, not as a neutral and sanctified entity, offering an impartial opportunity for intervention. Instead the school is examined as a key site of identity formation, steeped in health discourses which are culturally and historically specific in terms of their construction of obesity:

The promotion of weight-loss practices as national and global health priorities is certainly a recent phenomenon; it represents a significant shift in the construction and regulation of body-weight which works to seemingly justify the now-virtually hegemonic assumption that promoting weight loss practices is to be equated with promoting health. (Malson, 2008: 29-30)

In this sense, Malson (2008) makes a significant point, in that the obesity discourse intensifies the pursuit of ideal body weight, and thus may have implications for disordered eating. This growing literature examines the articulation of these socially and culturally sanctioned discourses of ‘health’ and ‘obesity’, as they enter the formal and informal fields of schooling, assessing their impact upon policy and practice, and the subjectivities and experiences of teachers and students. Foucault’s (1977; 1990) conception of bio-power (see Chapter Three), refers to the mechanisms and technologies used in the management of life and the governing of populations (Gastaldo, 1997: 114). A number of researchers draw upon this theoretical concept to examine the array of disciplinary and normalising practices in schools within physical education (see Webb, Mccaughtry & Macdonald, 2004; Webb & Macdonald, 2007) and beyond, generated in and through these discourses of ‘health’. They explore the messages these discourses convey about the types of bodies and selves - and of children’s bodies and selves in particular (see McDermott, 2008) - that are seen to matter (e.g. Wright & Harwood, 2009; Evans, Davies & Rich, 2008; Halse, 2009).
Collectively, these studies have highlighted a worrying set of conditions in schools, impacting on the identities and health of young people. Their analyses suggest that schools are emerging as contexts replete with ‘body centred talk’ about weight, fat, eating and exercise, characterized by disciplinary procedures of monitoring and food/weight surveillance (see Evans, et al., 2008b). Such accounts implore us to consider therefore, how these contemporary conditions of schooling, saturated in imperatives around ‘health’, may feature in the lives of young people experiencing disordered eating. In the following sections of the literature review, I examine the existing literature which has begun to explore these discourses of ‘obesity’ and ‘health’, and their impact within the contexts of contemporary education.

2.3.1 Medicalization, ‘healthism’ and constructing ‘healthy weight’ in schools
Critical researchers, working in various disciplines of the sociology of education, the cultural politics of physical education pedagogy, and the sociology of health and illness, have revealed how contemporary health discourses associated with weight are heavily imbued with constructions of ‘healthism’. This concept was first attended to by Crawford (1980), in his well cited research (see also Crawford, 1984; 2000; Skrabane, 1994), documenting the growing tendency for ‘health’ to be viewed as an ‘attainment’; an intricate and demanding modern-day ‘pursuit’, highly valued, frequently discussed and heavily imbued with fearful, moral, and meritocratic ‘self’-implications. The effects of this process, which he describes as a discourse of ‘healthism’, have created ‘health’ as a “focal signifying practice” (Crawford, 2006), socially constructed around the common assumption today that ‘health can, and must be achieved’ (Crawford, 2006: 402). ‘Healthism’ is a discourse, informed by principal discourses of liberal individualism, and neo-liberalism, constructing ‘the attainment of health’, as a direct result of personal actions/non-actions conceived, for the large part by the individual and ‘the lifestyle choices they make about their body’ (Tinning, 1995: 28). The individual is positioned within this discourse, as the central unit of analysis, and therefore the primary location for responsibility, accountability and control of their ‘health’; viewed as being at fault, if there is any failure for ‘good health’ to be maintained. Through this discourse, the individual is produced as an irreducible subject, expected to exercise ‘self-control’ in order to ‘achieve good health’, yet with little to no acknowledgement of the social contexts within which they
live; social contexts, however, that are “complex and present contradictions to health-achieving behaviours” (Aphramor & Gingras, 2009: 163). In addition, the ‘healthism’ discourse does not take into account other potential social and economic influences that may influence people’s lives (see Cohen, Perales & Steadman, 2005), including environmental pollution, geographical location, living and working space, increased responsibilities at home or at work, economic difficulties, genetic predisposition or emotional aspects such as anxiety and stress, producing medical and moral incantations of ‘right/correct and healthy eating’ and, thus, a new class divide around eating (Evans, Rich & Davies, 2004: 375). ‘Healthism’ is a contemporary “social cynosure”, concludes Crawford (2006: 404), highly morally imbued (Crawford, 1980; Gard & Wright, 2005), through which the cultural management of the ‘unruly and problematic body’ becomes the highly individualized management of the individual’s own body dilemmas; a personal/culpable ‘success’ or ‘failure’, woven increasingly into the body narratives of women in particular (MacNevin, 2003: 1) but also, it seems, those of men (see Bratman and Knight, 2000).

The imperative to be the active, imagined, healthful and responsible citizen (Burrows & Wright, 2007; Wright & Burrows, 2004) is now a pervasive feature of everyday culture, not only confined to health education in schools, but embedded within cultural artefacts and popular media (see Miah and Rich, 2008). This proliferation of the neo-liberal, social regulation of ‘health’ has been accompanied by emerging biopolitical techniques (see Gastaldo, 1997) through which to govern and regulate weight. For example, the recent emergence of ‘health information’ seeking, now within an increasing range of online health resources to be found within the digital cultures of the internet (Miah & Rich, 2008: ix; Cotton & Gupta, 2004; Hardey, 2001; 2002) enhance the imperative for the individual to self-diagnose and regulate their weight. Discussion of these contemporary constructions of health and the ways in which they are impacting on people’s lives are grounded within a broad volume of literature in the sociology of health and illness, which focuses upon early shifts in medicine from the cure of illness to preventative health, medicalization, and the “surveillance of the healthy” (Armstrong, 1995). Medicalization as a concept, has been widely used across a number of disciplines (Miah & Rich, 2008: 19), defined in differing ways (see Conrad, 1975 for further discussion of this) and discussed as an
emerging socio-cultural issue within the sociological literature (e.g. Conrad, 1975; 1992; 2005; Conrad & Schneider, 1980; Zola, 1983). A process of medicalization first found its initial conceptions within the work of Illich (1975) and Conrad (1975), who noted an expansion in the jurisdiction of the medical profession from a dedication to healing and comforting the sick, to encompassing a wide range of issues, not previously defined as medical problems (Conrad & Schneider, 1980). As such, the “medicalization of life” (Illich, 1975), they outlined, had come to define many areas, including pregnancy, child birth and contraception, child development, smoking, diet and exercise, as medical issues (Miah & Rich, 2008: 20).

Concomitant with the concept of medicalization is the recognition of medicine as an agent of political and social control; alluded to by Armstrong (1995: 394), who described the emergence of a new “surveillance medicine” involving a fundamental re-mapping of the spaces of illness. Moving away from the commanding medical framework of the hospital and the ‘ill-patient’, in whom the symptom, sign and pathology of disease may be identified, the concerns of medicine, he suggests, have come to encompass the whole population. The medical gaze, as such, has turned its focus onto preventative health and the “problematisation of the normal”, screening whole populations for ‘risks’ and emerging ‘mobile threats’, insinuated throughout the community (Armstrong, 1995: 399). This has encompassed a shift from equating the causations of ‘ill-health’ with bacterial infection, virus and disease, to a social entity, conceptualized as an outcome of the stresses and poor lifestyle choices of the modern subject (Lupton, 1995: 51); a notion of disease requiring continued surveillance throughout society via, a “vast network of observation and caution”, to bring about the regulation of bodies in line with the generation of ‘health’ (Armstrong, 1995: 407).

Despite much condemnation however, the regulation of the body and practice of preventative medicine through surveillance and control has become a strong feature of society, embedded within social and cultural norms (Lupton, 1995). Some researchers within the sociology of health draw upon various readings of Foucault to examine this process, and the concept of medicalization (e.g. Lupton, 1997; Yardley, 1997; Armstrong, 1993; Skrabanek, 1994; Rich & Miah, 2009). This perspective is used to
describe the management of resistance to pervasive screening procedures, through techniques of observation and the passing of normalising judgement, geared to shape the choices of individuals and populations in line with institutional values (Skrabanek, 1994: 161). In this way, the willingness of entire populations to participate is encouraged, by giving the responsibility for surveillance, to individuals themselves (Armstrong, 1995: 399). This theoretical framework also lends itself to researchers wishing to make sense of the rise of the ‘healthism’ discourse (e.g. Gastaldo, 1997; Lupton, 1995; Skrabanek, 1994), situating its emergence within analyses of these historical shifts towards surveillance, discipline and power. The exigencies of the ‘healthism’ discourse to set norms of ‘healthy behaviour’, they suggest, are viewed as a mechanism of social control, designed to discipline both individual bodies and the population. As the focus of analysis, the ‘healthy/unhealthy’ body becomes an object of surveillance, central to the representation of identity as it is produced within these relations of ‘knowledge’/power (Gastaldo, 1997: 116-118). Regulation and normalization of the body in line with the ‘knowledge’ and values transferred by the ‘healthism’ discourse, act, therefore, to bring about behavioural change, working selectively upon the body as an object of the medical gaze.

Various researchers within the sociology of education have critiqued the ‘healthism’ discourse, exploring, in particular, the ways in which it has been recontextualised into school policy and practice (e.g. Kirk & Colquhoun, 1989; Kirk & Tinning, 1994; Burrows, Wright & Jungersen-Smith, 2002; Evans, 2003; Wright & Burrows, 2007; Evans, Rich, Davies & Allwood, 2008b). They have begun to highlight the problematic features of ‘healthism’ as it enters the education context, suggesting that schools are becoming increasingly pressed to deliver health strategies and agendas, within the physical education curriculum in particular, designed to effect and promote the role of physical activity in ‘achieving’ good health for children (Tinning & Kirk, 1991: 77). As a neo-liberal discourse which locates the responsibility for the ‘achievement of health’ within the individual, encouraging self-surveillance practices of bodily regulation, when taken-up within the education context, ‘healthism’ is becoming widely available to young people (Burrows, Wright & Jungersen-Smith, 2002: 41). The students we have spoken to, suggest Wright & Burrows (2004: 211), are “all well versed in ‘healthism’ discourses”, with the majority mentioning diet,
exercise and “being fit”, when asked to describe the attributes of a healthy person. Overall, the emphasis within these authors’ critiques, lies with the ideology and narrow focus of the ‘healthism’ discourse, its overbearing assumption that ‘exercise, right diet and right weight’ will automatically equal the ‘attainment of health’, with little consideration of the socio-cultural context (Tinning, 1995: 28-29; Kirk & Colquhoun, 1989; 426). It is a socially constructed ‘script’ of simple, linear form, outlined Burrows & Wright (2007: 88), its prescriptive dominion and rigid reproach synthetically packaged as ‘choice’, yet focused specifically upon the physical practices of eating and exercise. It is a limited and problematic construction in which the supposed agentic consumer of health orientated messages and products is apportioned the responsibility to make, re-make and develop his or her own body, yet not over the content of that development. Instead, this content remains an ideology, narrowly defined and prescribed by the discourse as ‘what he or she can and ought to achieve corporeally’: i.e. ‘the slim and fit body’ (Evans et al., 2008a). The concept of ‘health’ this presents thus, conclude these researchers, remains improbably restrictive in light of any wider or more holistic understandings of health and well-being; a notion built up around dominant white, middle-class constructions of ‘fitness and health’ (Wright & Burrows, 2004: 211). Yet it has become an unquestioned message, widely endorsed within the formal health and physical education curriculums of schools (Tinning & Kirk, 1991).

2.3.2 ‘Health’ education in surveillant schools: Governing the student body
As alluded to above, the broad governmental, social and institutional endorsement of weight related practices, often targeted at children, has captured the attention of a number of critical researchers. Collectively, these studies have begun to explore the relationship between health curriculum and wider discourses of medical surveillance, suggesting that notions of ‘risk’ are also central to the targeting of young people and their bodies, through contemporary constructions of pedagogy (Leahy & Harrison, 2004; see also Burrows & Wright, 2004b); socially constructed as ‘a generation in need of protection from a plethora of anxieties and threats’ (Jackson & Scott: 1999: 86), narratives of ‘risk’ are becoming increasingly dominant within popular discourses of youth (Kelly, 2000). This has provoked “dangerous possibilities for the increased surveillance of, and intervention into, children’s lives by regulatory
“authorities”, suggests Kelly (2000: 463), targeting them as the focus of ubiquitous measures designed to address physical and emotional aspects across many areas of their lives, to protect them from ‘risks’, both to themselves and others.

Over the last decade, government policy, school-based interventions and health education has been implemented and targeted to address a number of issues, which have dominated public discourse at various times, including drugs, alcohol, sexual relationships, tooth decay, smoking, bullying, the sun and stranger danger (Burrows & Wright, 2007: 83). In recent times however, in line with the rise of ‘healthism’ discourse and preventative health and discourse around ‘obesity’ and ‘weight’, the articulation of ‘health risks’ has shifted onto the bodies of children, further supporting normalising processes and processes of surveillance (Burrows & Wright, 2004b: 83). Although geared ostensibly to improve young people’s health, through these contemporary frameworks of health education, young people are consistently pressed to become self-surveillant subjects, directed towards self-improvement and self-regulation in the pursuit of ‘healthiness’ and protection from these perceived risks (Leahy & Harrison, 2004: 130). Collectively, many of the practices and initiatives now undertaken in the name of ‘health’ appear to expose young people to modes of subjectification and disciplinary work upon their bodies, which resonate with Foucault’s (1977) notion of bio-power (Gastaldo, 1997). Subjected to surveillant practices of ‘health’ management and regulation, young people are taught and encouraged to conduct the same operations upon their bodies and selves, as they are positioned beneath the gaze of both teachers and peers. The school itself remains a key site in which these pedagogical strategies and processes are implemented, acting as an intervention point for increasing government imperative in ‘risk’ management and the production of ‘healthy citizens’ (Leahy & Harrison, 2004: 131), as a means of bio-political control. Considering the micro-politics of the cultural community through this theoretical perspective, Gastaldo (1997: 129) encourages us to question whether health education, which she also describes as “subjugation”, is good for us.
2.3.3 Tackling the ‘obesity epidemic’ in schools: *Discursive dimensions of a new size*

“But then, nobody regarded being fat as a misfortune; it was viewed simply as a disgusting failure of will.”
(Margaret Atwood, 1982: 90)

A growing body of work has begun to explore how these discourses of ‘health’, ‘risk’ and ‘youth’ form part of a wider discourse grounded in ‘tackling obesity’, and how this is conceptualised and recontextualised within the policies and practices of health and physical education (e.g. Kirk, 2006; Evans, 2003; Rich & Evans, 2005a; Gard & Wright, 2001). This is a wider discourse of obesity, suggest Gard & Wright, (2005), which positions ‘obesity’ as “big news”, with the UK population being warned, on a daily basis, that we are ‘in the midst of a risky epidemic of obesity and overweight’ (*World Heath Organization*, 2009) and that desperate measures should be taken to address this. It is a contemporary regime of ‘truth’ about ‘obesity and fat’ which has become pervasive, not only across the UK, but also globally9. (Evans *et al*., 2008b: 2).

In spite of the dominance of this ‘obesity’ discourse, its claims have been subject to comprehensive critique, much of this adopting a radically different perspective to theorising the body, weight and identity, through various critical and post-structuralist approaches (e.g. Rothblum & Solovay, 2009; Monaghan & Hardey, 2009; Murray, 2008; Gard & Wright, 2001; 2005; Harjune & Rich, 2004; Campos, 2004; Gard, 2004; Seidell, 2000; Flegal, 1999; Flegal, Tabak & Ogden, 2006; Jutel, 2001; Evans, 2003; Monaghan, 2005; 2006; 2007; 2008; Cooper, 2009; Colls & Evans, 2009; Aphramor, 2005; Rich & Evans, 2005b; Evans, Rich, Allwood & Davies, 2008b; Atrens, 2000; Gaesser, 2002; 2004; Cohen, Perales & Steadman, 2005). Some describe this ‘obesity discourse’, as a global discourse, fuelled by a moral panic, socially constructed and spread as propaganda, throughout the nations mass media (e.g. Campos, 2004: 107). Their critical, deconstructive, social and cultural analyses question its emergence as “a genuine health quandary” (Oliver, 2006: 2) by locating its manifestation at the “intersection of scientific knowledge and a complex web of culturally-based beliefs, values and ideology” (Gard & Wright, 2005: 168). ‘Obesity’ discourse, these researchers advise, is not simply a natural phenomenon unveiled by scientific discovery. Instead, it is as much a social construction; its professed
neutrality an impossibility (Kirk, 2006). Over the last five years, they suggest, popular culture has been saturated by an avalanche of public discourse about ‘overweight and obesity’, infiltrating everyday talk (Evans et al., 2008). Frequently repeated mantras, recycled daily within the media, describing a “terrifying rise in obesity” (The Independent, 12th February, 2004); an “obesity time bomb” (The Mail Online, 18th February, 2002) and a “spiralling epidemic” (Daily Express, 25th February, 2009) whereby “docs predict that without drastic action a THIRD of the population will be dangerously fat by 2020, leading to a soaring death toll” (The Sun, 12th February, 2004: 1). “This insidious, creeping pandemic of obesity is engulfing the world”, concluded New Scientist (3rd June, 2007, para. 1). However, this is a ‘crisis’, suggests Kirk (2006: 121), “manufactured through a complex process of the social production of knowledge”. The popular media routinely print self-serving interpretations of data, explains Campos (2004: 107), provided to them by obesity researchers whose work is funded by firms economically established in the belief that obesity proposes a risk to health. Although it is printed as absolute certainty and relentlessly recontextualised within the media, knowledge about weight and health is manufactured and discursively constructed within the scientific disciplines, echo Evans et al., (2008b: 62), fabricated either in-house as pseudo science, or by scientists working in primary health research. Dominant discourse and assumed ‘truths’ are then taken-up and recontextualised throughout the various cultural sites and social contexts, with little evaluation of the scientific bases, within which they were produced. A number of researchers (e.g. Gard & Wright, 2001; Flynn, 2006) have noted the emergence of ‘obesity’ discourse in line with Ulrich Beck’s (1992; 1992a) notion of the “risk society” (see also Mythen & Walklate, 2006; Furedi, 2002; 2006) in which the proliferation of ‘risks’ has become magnified as a consequence of technological innovation within the contemporary western world (Fox, 1999: 12); an industrial, totalizing and globalizing democracy of advanced modernity (Beck, 1992). Knowledge about ‘risks’ is socially constructed, suggests Beck (1992: 23), its constitution existing only within the scientific economy of knowledge, in which it is produced; an identification or judgement of ‘risk’ remaining dialectic “between expertise and social values and political and economic imperatives” (Gard & Wright, 2001: 538). Within public health discourse, claims about the ‘risks’ of obesity have hence become a main focus. Emerging within the context of ‘health’ and medical
science as an array of socially/bio-medically defined ‘obesity health risks’ and preventative formulas, purporting to manage and control body weight and therefore reduce the uncertainty of illness and death (Gard & Wright, 2005: 1). These ‘obesity health risks’ can be effectively addressed and largely avoided, is the assumption, “if only the correct advice is taken” (Lupton, 1995: 81).

2.4 Questioning ‘Certainty’: Fact or artefact?

“My initial plan for this book was to look at why we were gaining so much weight and what we could do to stop it. But then I started to examine the evidence and a funny thing happened – the more I read, the more I realized how misguided my initial assumptions about obesity were.” (Oliver, 2006: 2)

As stated above, ‘obesity’ has been defined as an unequivocal problem, which now drives much of the health policy and practice featuring in schools. Despite the prominence of this discourse and the assumed certainty through which it has been positioned as a legitimate rationale for changing policy, practice and the physical environments of schools, a body of literature suggests that obesity discourse is imbued with uncertainty and ambiguity. “The scientific uncertainties which do exist”, suggest (Gard and Wright, 2005: 5), tend to be papered over by unsubstantiated assumptions”. Whilst the intention is not to examine these scientific ambiguities in any great detail, indeed this has been expertly done elsewhere (see Gard and Wright, 2005; Campos, 2004; Oliver, 2006), it is worth outlining a brief overview here of the key problems with some of these claims.

2.4.1 Measuring the BMI: Reliable or under-reliable?

Firstly, school interventions have been rationalised on the basis of the scale and prevalence of ‘the problem of obesity’; that it has been measured as an issue of epidemic proportions. However, the majority of scientific studies which measure and define population levels of ‘obesity’ and ‘overweight’, rely on the Body Mass Index (BMI) as a measuring tool. BMI is a simplified calculation of an individual’s weight in kilograms divided by height in metres squared. The resulting figure is then compared in charts, which define this value in brackets from ‘under weight’ to ‘obese’
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(see www.nhs.uk/tools/pages/healthyweightcalculator.aspx). This method is widely employed within scientific research on obesity studies, despite its considerable critique even within the medical literature itself (e.g. Flegal, Tabak and Ogden, 2006; Björntorp, 2002: Brownell, Puhl, Schwartz & Rudd, 2005). This critique has included suggestion that it is an inaccurate method which is “seriously flawed”, because it does not distinguish from fat free-mass such as muscle and bone (Burkhauser & Cawley, 2007: 519). Indeed, BMI is increasingly acknowledged as an unreliable tool (e.g. Evans, 2003; Franzosi, 2006; Rich & Evans, 2005b; Halse, 2007; Monaghan, 2007; Evans & Colls, 2009) especially for children. The simplicity of the BMI, suggests Professor Ian Macdonald, co-editor of the International Journal of Obesity, makes it a useful tool for researchers who wish to look at trends, but it is also “something of a broad-brush tool” taking no account of age, sex, race or fitness. It fails to measure how much fat an individual may really be carrying, how that fat is distributed, and is problematic when used on children (reported in Hann, 2002 paras. 3 and 9). In addition, a small number of scholars carrying out epidemiological research have examined the applicability of the BMI as a measurement tool within Asian communities. Their research has suggested that the BMI does not accurately predict overweight and obesity in populations of other ethnicities (see Dudeja, Misra, Pandey, Devina, Kumar & Vikram, 2001).

Criticisms of the BMI have pointed to its inaccuracies in measuring weight yet, under current policy in the UK, BMI is used extensively in schools following the National Child Measurement Programme (NCMP), (see National Obesity Observatory at http://www.noo.org.uk/NCMP). Furthermore, in spite of its well documented inaccuracies, suggest Rich & Evans (2005: 346), employment of the BMI has lead to the construction of discourses of ‘ideal weight’. Exploring these discourses around the BMI, Halse (2007: 1) highlights their contribution to a “deontological ethics”, in which the subject is constituted as being personally and morally responsible for making sure that their weight falls within these BMI norms. In this way, she explains, they are socially positioned within a moral schema; literally sculptured into a social and ethical duty to wider society. The impact of BMI on young people’s understandings of health is yet to be fully explored although, as Evans & Coll (2009) report, a review by the National Screening Committee (NSC) deemed a BMI
screening programme to be inappropriate on the grounds that it “did not have the potential to do more good than harm”. The programme was still revised, however, and implemented as “a monitoring (rather than screening) programme in 2006” (Evans & Coll, 2009: 1053).

Secondly, schools are targeted as a site through which to address ‘obesity’, given the perceived potential ‘risk’ for ill-health both during childhood obesity and in later life. In this sense, failure to maintain one’s weight within the BMI’s ‘acceptable levels’, also becomes a proxy for ill-health, outlines Evans (2004: 262), as these discourses assume a linear relationship between weight and health. The BMI is used therefore, not as a diagnostic tool, but as a direct measure of ‘health’. Indeed, the ‘obesity’ discourse is based upon the central assumption that a larger body size (beyond the BMI defined ideal) automatically equals an unhealthy body. This is a discourse, however, which unjustifiably seeks to erase the uncertainties which exist about this ‘knowledge of the body’ (Monaghan, 2005: 302), as discussed within a number of critical reviews.

2.4.2 Misinformation and literal ambiguities

“Although people think there’s all this evidence out there showing a high mortality risk associated with overweight, in fact the literature doesn’t show it.” (Katherine M. Flegal, Senior Research Scientist for National Centre for Health Statistics reported by Burne for the MailOnline, 3rd August, 2006: para. 18)

A growing number of research studies which contradict the convicted notion that ‘fat is a major contributor to morbidity and disease’, or conclude the existence of such a correlation to be unclear, are also present within the medical and scientific literature, upon which ‘obesity’ discourse is based (e.g. Flegal, 1999; Flegal, Tabak & Ogden, 2006; Gaesser, 1999; 2002; 2004). Following an extensive review within the Medicine & Science in Sports & Exercise Journal, which examined the hypotheses that low body mass index is optimal for longevity and weight loss reduces mortality rates, Gaesser (1999: 1118) concluded that “the preponderance of epidemiological evidence fails to support either of these hypotheses” and that, indeed, “a number of studies show that thinness and weight loss (regardless of initial BMI) are associated
with increased mortality rates”. Raising some controversy within the popular, international, media (e.g. see Stein, 7th November, 2007), a paper, published recently by medical scientists in the Journal of the American Medical Association, (see Flegal, Graubard, Williamson & Gail, 2007) has also produced findings which conflict with the assumption that being overweight correlates with ill-health, suggesting that being overweight may actually improve mortality in certain circumstances10.

Detailed reviews which uncover and critique the inherent ambiguities and uncertainties within the ‘obesity’ literature, and its simplistic claim that ‘fat = ill-health’, have also been carried out by Campos (2004); Gard & Wright (2005, see Chapter Five, p. 86), and also Oliver (2006, see p. 24-28) who concludes that “we have no clear idea whether any deaths can be attributed solely to a person’s body weight” and, “indeed, the evidence does not support many of our common stereotypes about the health risks of obesity” (Oliver, 2006: 25 & 27).

If reference is made to scientific literature and interpretations of that literature, infers Monaghan (2005: 303), then the confident positivism in which the war against fat is grounded, disappears, “its foundation shaky at best”. These critical researchers outline an understanding of health outcomes as more complexly mediated by other factors which cannot simply be reliably reduced to ‘levels of fat’ (Harjunen & Rich, 2004: 3, see also Monaghan, 2005; Aphramor, 2005). “No one really knows to what extent being fat endangers health”, concludes Bovey (1994: 281), “because so many other factors have to be considered”.

Despite these considerable uncertainties and ambiguities highlighted through critical research, ‘obesity’ discourse remains a dominant discourse in contemporary society at present. Indeed, the majority of medical scientists working in obesity research still deny that their concerns around ‘the obesity problem’ are grounded in anything other than purely clinical judgement (Monaghan, 2005: 306). The historical credibility, cultural dominance and pervasive power which is given to science, has provided it with a potent means to convince of the ‘truth’ of its messages. This does not necessarily mean that the most dominant and normalised ways of seeing are indeed true, yet their association with power in this politics of knowledge lends to them a
vehemently authoritative sway. Within this expedient space, dominant sub-cultural forms in the shape of ‘powerful’ and positivistic scientific corporations are granted the unquestioned authority to ‘speak’ upon ‘the reality of life and the world’ and to make claims of certainty, conviction and truth upon the body and its control.

2.5 Young People and the Front Line of Education: *Attack & defence in ‘the fight against flab’*

“If you see every other child in the playground with their belly hanging over their trousers, you think that’s normal.” (Doctor Tabitha Randell, *Guardian.co.uk*, 14th June, 2007, para. 13)

Collectively, these approaches to measurement and risks of ill-health underpin the notion that ‘children are alarmingly overweight’; representing a particular threat to the nation, and characterised by the repeated mantra of “children will die before their parents” (*Telegraph.co.uk*, 23rd July 2008).

In their invaluable work focusing upon children’s rights, their health, happiness and well-being, Burrows & Wright (2007) express their concerns with regards to this emerging discursive theme. Shaping the attitudes and values of young people they suggest, has become a primary focus of ‘obesity’ discourse, creating unprecedented levels of lay and professional concern over children’s eating habits and levels of physical activity (Burrows & Wright, 2004a: 193). Connecting with concepts of healthism and liberal individualism outlined earlier, children and young people are understood through a humanist discourse, viewed as harbouring “a natural propensity to be lazy and greedy” (Gard & Wright, 2005: 22). They are then produced, it is thought, as westernized capitalist subjects, positioned as exhibiting this ‘natural desire’, yet also a culturally conditioned love of junk food, sedentary lifestyles, computer games, television and the internet (Song & Anderson, 2003). In this way, continue Burrows & Wright (2007: 83), children and young people are constituted through ‘obesity’ discourse within a dual positioning as both “perennially ‘at risk’ of a range of health-inhabiting substances and behaviours, but also as ‘risky’ or ‘dangerous’ because of their propensity to indulge in those very practices that threaten
their own and other’s well-being”. The following sections outline some of the current initiatives spawned by obesity discourse which are shaping school policy and practice.

2.5.1 Entering schools: ‘We shall fight in the classrooms; we shall fight in the halls…’

As stations within which large numbers of children are assembled on a daily basis, schools have always been used as sites of governance, targeted for a range of interventions and ameliorative or corrective programmes of behavioural modification (Burrows & Wright, 2001; 2007; Evans & Davies, 2004). As such, within the sociology of education, physical education and health literature, a number of these critical researchers are beginning to document and explore the impact specifically of ‘obesity’ discourse within the schooling site. Following these recent discursive shifts in the rise of preventative ‘health’, they claim, schools have been positioned as pivotal agents in ‘the war against fat’, becoming saturated with a profusion of government-sponsored policies and practices invariably geared towards the production of children as ‘active, trim and fit’ subjects who make the ‘right’ dietary choices (Rich & Evans, 2005a: 248; Gard & Wright, 2007: 85). Indeed, the rise of ‘obesity’ discourse has seen the introduction of numerous school-based intervention programmes designed to target obesity in children and young people, particularly within the literature on preventative medicine. These include, for example: “New Moves: A school-based obesity prevention program for adolescent girls” (Neumark-Sztainer, Story, Hannan, Stat & Rex, 2003) and “Hip-Hop to Health Jr.: An obesity prevention program for minority preschool children” (Stolley, Fitzgibbon, Dyer, Horn, KauferChristoffell & Schiffer, 2003), among numerous others (e.g. Baskin, Zunker, Worley, Dial & Kimbrough, 2009). In their pioneering work, which makes a significant contribution within this area, Evans, Rich, and colleagues (e.g. Rich & Evans, 2005a; 2005b; Evans, Rich & Holroyd, 2004; Evans, Rich, Davies & Allwood, 2008a; 2008b) present one exception, point out Halse, Honey & Boughtwood (2007: 220), to the neglect of scholarly analysis of how schooling and disordered eating intersect. Indeed their work has begun to provide a revealing exploration of some of the effects of this contemporary discourse of ‘obesity’ upon health education and across the school context.
2.5.2 Teaching in an economy of knowledge: The TPS

“It would be better for our kids to study nutrition rather than languages like French. The children I meet are overweight due to bad diet and lack of exercise...let’s turn our kids into mini-nutritionists who know what they’re doing to their bodies. We need to explain to these kids they’ll get fat and unwell if they don’t exercise and eat properly. If it means dropping subjects like French then so be it.” (Gillian McKeith, ‘Celebrity Health Guru’, Closer Magazine, 1-7th April, 2006: 19)

As we have seen, ‘healthism’ and ‘obesity’ discourse have attracted a proliferation of agencies interested in the production of ‘healthy children’ (Burrows & Wright, 2007: 83), offering a range of ‘expertise’ across a variety of school sites (Evans et al., 2008a: 390); and this presents a significant example of one of the ways in which schools are intersecting with wider “popular pedagogy” (Rich, In-Press).

These health iterations/recommendations rarely progress straightforwardly into schools in the form of the policy they outline. Reflecting wider socio-economic and discursive trends, these are social messages which enter the school context, filtering into the system from external sources (Evans, et al 2008a: 390). Authoritative prescriptions and ‘frameworks of expectation’ produced by analyses of what constitutes ‘health’ and a ‘better lifestyle’, tend to originate within the primary fields of biomedical science as we have seen (Ibid.), circulated and recycled, first of all, through the nation’s media, such as newspapers, magazines television and the internet, saturating popular culture, before being translated and appropriated within the secondary field of education “either as recontextualised government policy or legislation or as policy initiatives taken by schools themselves” (Ibid). Evans et al. (2008a) suggest that what separates obesity related policy from prior health related policy is its recontextualisation (Bernstein, 2000; 2001), generating particular forms of embodied consciousness which pervade all aspects of school life. This emerges, not only across formal education sites, but within informal school cultures too; at lunch times, for example, and between peers. In this way, the education environment is becoming steeped in recontextualised policy, a situation they term: “The Policy Context”. Since 1999, through “the policy context” (Evans et al., 2008a) we have seen, for example, the launch of the National Healthy Schools Programme (see
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*Healthy Schools, August 2007*, along with *National Healthy School Status* (NHSS), (see DoH, 2005) and the more recent introduction of *The National Child Measurement Programme* (see DoH, 19th June, 2008). As a regulative process is created across the whole school in this way, these researchers (see also Bonal & Rambla, 2003) suggest that schools can be viewed, thus, as reflections or microcosms of the “Totally pedagogised Society” (Bernstein, 2000); as “Totally Pedagogised Micro Societies” within which the nature of pedagogical activity has become relentless and inescapable (Evans *et al*., 2008a: 387).

### 2.5.3 Anti-obesity policy, practice and initiatives in schools

“On the 9th of June the Government launched its new £30 million Healthy Community Challenge Fund. It aims to support local areas, like Sheffield, in meeting the challenge of reversing the rising tide of obesity and overweight in the population by ensuring that everyone is able to maintain a healthy weight. The Government’s priority is to reduce childhood obesity” *(Sheffield Primary Care Trust & Sheffield City Council, 2008-2009: para 1)*

The implementation of a range of school based policies have become a principal tool for the UK government’s campaign in “tackling child and adult obesity” *(Sheffield Health and Social Research Consortium, SHSRC, March 2009)*. Indeed, local government and local schools are viewed as having “a key role to play in reducing and preventing obesity” (SHSRC, 2009: 14).

A range of methods of overt monitoring and surveillance have thus been introduced in schools in Western countries, implemented as an attempt to change the health and lifestyle habits of young people (Burrows & Wright, 2007: 91). Within the U.K, these include the introduction of a national government scheme to create “The Healthy School”, delivered by *The Department of Health* (DoH) and the *Department for Education and Skills* (DfES). Schools are provided with guidelines outlining certain criteria they are required to meet in four “core themes” of health education providing evidence of how a “whole-school approach” has been used in this process, if they are to be awarded with “Healthy Schools Status” (DoH, 2005: 6). The UK has also seen the introduction of the *Smart Card*¹¹, a new system of food control “technology”
designed “to monitor food choices in schools”, launched within “one in five” schools across the UK (Institute of Food Research (IFR), 14th July 2005). Other practices also introduced across the UK, and in similar ways in some other countries (Burrows & Wright, 2007), include methods such as Ofsted inspections of the contents of young people’s lunch boxes:

The contents of pupils’ packed lunch boxes are also scrutinised and award stickers are presented to pupils who meet the required standards. (Extract from Inspector’s Notebook, Ofsted Report, March 2006: 8)

Recently, the government has also introduced a “School Fruit and Vegetable Scheme”, as “part of the 5 A Day programme to increase fruit and vegetable consumption”. Through this scheme, all 4-6 year old children in LEA maintained schools are given a free piece of fruit or some vegetables, each day they are at school (DoH, 7th January, 2009, para. 1). Other interventions have been introduced through the popular media, such as the involvement of schools with “Jamie’s School Dinners” and the “Feed Me Better”, campaigns, in which “Jamie Oliver tackles the shameful state of school dinners” in order to “set new standards for school meals” (Channel 4.com, 18th September, 2006).

As such, pedagogical activity within the “Totally Pedagogised Micro Society (TPMS)” of the school, conclude Evans et al., (2008a) is relentless and inescapable and, in recent times, the surveillance and measurement of the body has also become pervasive throughout the experience. In addition schools have also seen the introduction of “The National Child Measurement Programme”, a joint programme administered by the Department of Health (DoH) and the Department for Children, Schools and Families (DCSF). Established in 2005, this is part of the government’s work programme to address obesity and requires that all children in Reception year (ages 4 and 5) and Year six (ages 10 and 11) are weighed and measured during the school year (DoH, 25th November, 2009: para. 1). Findings are used to gather population-level surveillance data and to inform local planning and delivery of services. Parents are not directly informed of their child’s weight although, “to encourage engagement, parents can request their child’s results from their Primary Care Trusts” (PCTS), (Ibid: para. 3). In this way, as the subjects of surveillant
monitoring and measurement, children’s bodies are positioned, normalised and regulated within public health discourse and BMI norms; a “reductive way of thinking” which Evans et al., (2008: 34) question considerably.

Once again, many of the emerging practices in schools currently undertaken in the monitoring and surveillance of young people’s bodies, resonate with Foucault’s notion of disciplinary bio-political power (see Wright, 2009; Webb, Mccaughtry & Macdonald, 2004; Rich & Evans, 2009b; Harwood, 2009), a term he used to denote the way in which the human body is regulated and human conduct shaped to fit the requirements of modern capitalist societies. Bio-politics or bio-power, outline Danaher, Schirato & Webb (2000: ix), “refer to the technologies, knowledges, discourses, politics and practices used to bring about the production and management of a state’s human resources”. In this way, they suggest, populations become the objects of monitoring, surveillance, analysis, regulation, intervention, correction and control as a means of governance; to explain and define the human subject, its body and behaviours (Danaher et al., 2000: ix). As such, suggest Evans et al., (2008a), within contexts such as physical education and contemporary health curriculum, and indeed across the whole school site, ‘obesity’ and ‘healthism’ discourses provide the central structures for this particular education of the body, as young people, teachers and whole schools alike are being taught and trained to conduct certain operations, practices and modes of being upon their corporeal selves. In this way, children’s bodies have become an “absent presence” in anti-obesity policy, as it is taken up in physical education, with this normalizing focus, likely, doing “more harm than good” (Evans & Colls, 2010).

2.6 Performative Health Education

“It is the uncertainty and instability of being judged in different ways, by different means, through different agents; the ‘bringing off’ of performances.” (Ball, 2004: 144)

As these new discourses of health and the body and resulting policies, procedures and surveillant practices are increasingly emerging within schools, it is also important to consider how the complexities of these discourses may be mitigated by other broader
Performativity is already a discourse; indeed a culture which is considered dominant within the contemporary school context, emerging as a climate of examination pressure, performance targets, league tables, levels of attainment, Key Stage Tests, National Curriculum Teacher Assessments and Ofsted inspections. It has already been well theorised by a number of researchers within the sociology of education (e.g. Ball, 2004; 2006; Lucey & Reay, 2002a; Rich, Evans & Allwood, 2005; Evans, Fitz, Davies & Evans, 2006; Goldthorpe, 1997; Hargreaves, 2003), particularly as a focus within the works of Ball (2004: 143) who, drawing upon Lyotard (1984), defines performativity as, “a technology, a culture and a mode of regulation, or even a system of terror, which employs judgements, comparisons and displays as means of control, attrition and change”. It is a discourse which is the emerging form of legitimation in post-industrial societies for both the production of knowledge and its transmission through education, where it exists as a multitude of performative texts, confronting teachers and students alike (Ball, 2004: 143). Through this discourse, the education context therefore, is lived and played out within a system of accountability in which testing and assessment have become routine features of life for students throughout their school careers12, and indeed, also for teachers.

2.6.1 Neo-liberalism and the education quasi-market

“Parental choice is one of the keystones of current education policy in the UK. A combination of open enrolment, per-capita funding and deregulated admission procedures is encouraging competition between schools for student enrolment.” (Ball, Bowe & Gerwirtz, 1996: 89)

Some researchers situate the rise of performativity in schools within a social context, which is already neo-liberal, drawing on theoretical and political philosophies which critique specific neo-liberal state forms, governing practices and their implications for
education. Much of this research attends to recent education market forces (Hursch, 2005) and changes in educational discourse, as we have witnessed the restructuring and deregulation of state schooling (e.g. Gerwirtz, Ball & Bowe, 1995; Whitty, Power & Halpin, 1998; Lauder & Hughes, 1999; Whitty, 2002; Edwards & Whitty, 1997). This has been characterised by a shift, viewed by a number of researchers as part of an increasingly neo-liberal reform agenda (e.g. Apple, 2000; 2001; Harris, 2005; 2007; Olssen, 2008; 2009), to evolve schools from centralized educational bureaucracies, into devolved systems of education; introducing certain degrees of autonomy and a variety of school-based management and administration (Whitty, Power & Halpin, 1998: 3). This new framework of market discipline, favouring an increasingly marketised, tiered provision of educational services (Saltmarsh, 2007: 335), is set by open enrolment, formula funding and parental preference (Gewirtz, Ball & Bowe, 1995: 2). Indeed, in recent years, suggest these researchers, the quasi-market alternative of education has gained considerable ground within policy-making authorities, generating “a differentiated and stratified system of schooling” (Ball, 1993: 3).

Within this newly re-structured, neo-liberal, economic democracy (Harris, 2005: 422), it is assumed that students, teaching and teachers are positioned more effectively within the economic, capitalist hierarchy (Olssen, 2008), as schools are required to compete against each other, as defined through exam results, league tables, facilities and perceived reputation among parents. Much of the research in this area, therefore, views the curriculum and the individual (student or teacher) as having an exchange value. Children are viewed as ‘workers’ with their ‘use’ determined, not by their inherent qualities as learners, but by their potential contribution to the creation of profit and surplus value, through their contribution towards the success of the school (Rich, Evans & Allwood, 2005: 3).

Elsewhere, there is a significant body of critical literature within the sociology of education, which has theorised and critiqued the rise of contemporary, quasi-marketised, school choice economies (e.g. Gerwirtz, Ball & Bowe, 1995; Whitty, Power & Halpin, 1998; Hardman & Levačić, 1997). This has framed research questions around various aspects, including the impact of this upon teachers\textsuperscript{13} and
upon social classed and racialised divisions (e.g. Hargreaves, 1994; Mayston, 2007; Garcia, 2008). It has also questioned whether competition and these new external pressures have, in fact, led to a raising of standards of education\textsuperscript{14} (e.g. Luader & Hughes, 1999; Saltmarsh, 2007; Burgess, Propper & Wilson, 2007) and has begun to explore the impact of these shifts and neo-liberal reforms upon children and young people in terms of emerging issues, unavoidably compounded within the inevitably constitutive constraints of gender, class and race\textsuperscript{15} (e.g. Rich \textit{et al.}, 2005; Reay & Lucey, 2003; Lucey & Reay, 2002a; 2002b; Lucey, Melody & Walkerdine, 2003). The majority of this research seems to indicate that the daily operation of the contemporary school, as it competes within neo-liberal school-choice economies (Hursch, 2005), has led to an excessive emphasis upon individual/institutional performance. The consequences of this in the setting of the performative ideals of education, suggest Lucey, Melody & Walkerdine, (2003) which may be significantly damaging for young people and for schools\textsuperscript{16}, as students are measured against white middle-class standards of academic and corporeal propriety and perfection, increasingly required of all pupils (Evans & Davies, 2004: 3). Indeed, rising overall achievement in schools, as measured by GCSE and AS-Level examination success at ages 16 and 17, suggest Gillborn & Youdells (2001: 65), has been accompanied by “a consistent increase in relative inequalities of attainment, especially in relation to social class and ethnic origin”.

\subsection*{2.6.2 The body, ‘health’ education and performative discourse}

There has been less attention within this growing body of work however, upon the impact of these shifts in school cultures and the rise of discourses of performativity and excellence upon health education. According to their emerging research, Evans \textit{et al.} (2008a; 2008b; Rich & Evans, 2009a) have begun to suggest that, despite these concerns with performative school cultures, within contemporary health education the body has still become more explicitly subjected to this performative discourse. Where there has emerged an emphasis upon competition and a pressure to achieve ever-rising ‘perfect’ academic states, this is a culture of socially constructed, intensified expectations which has become endemic, working to “increasingly deform practices in schools” (Ball, 2004: 143), not just in specific subjects but pervasive throughout the whole education context. “Such is the pervasiveness of performativity”, suggest
Rich & Evans (2009a: 2) that “we are now witnessing a similar logic in approaches to health education and work related to the body within schools”. A work upon the body which is now perceived, therefore, in much the same way as other academic work; as something to be regulated, measured, assessed and compared, so as to provide evidence of meeting specified criteria and attainment ideals. Creating unprecedented levels of surveillance of eating and weight, as these discourses of performativity intermingle with ‘obesity’ and ‘healthism’ discourse, schools are being “subjected to a barrage of initiatives and policies, steeped in performance outcomes and targets, in an effort to regulate and manage young people’s bodies and weight” against normative thresholds and standards (Rich & Evans, 2009a: 5). The ‘success’ of a school as it competes within the quasi-marketised, contemporary educational landscape is now measured, therefore, not only though the academic achievement of its pupils, but also in terms of the degree to which it has implemented changes in their dietary and lifestyle habits and the size of their bodies, as positioned and produced within a discourse of BMI norms.

Our concern here, outline Evans et al (2008a), is with the way in which these performative cultures of ‘academic excellence’ built up around individual notions of neo-liberalism, co-mingle with these contemporary discourses of the body, surveillance of the body and ‘health’, generating a “profound sense of exclusion from school and propelling some young people towards severely negative body-self relationships” (Rich et al., 2005: 2). Within the performative, body and ‘weight’-focused environments which schools have become, Evans et al., 2008a suggest, as young people's bodies are produced as outward markers of ‘value’ in the consumer culture reflected here, some of them “struggle to view themselves as having a body of any value at all” (Rich & Evans, 2009a: 1).

2.7 Disordered Eating or Disordered Schooling?
The impact of these performative educational messages about the body, health, and self upon young people is beginning to be revealed. Recent studies have explored children’s constructions of ‘health and fitness’ and ‘being healthy’ (e.g. Burrows, Wright & Jungersen-Smith, 2002; Wright & Burrows, 2004); implications for parents
as they are drawn into the ‘healthy’ “change project” by schools (Burrows & Wright, 2007: 92); and a potentially more salutogenic approach towards physical education (Quennerstedt, 2008) as a curriculum developed around the intrinsic aim of preserving the value of happiness for students (Wright, 2004a). The conflation of ‘health’ with physical education and the introduction of these performative ‘health’ messages circulating within schools, is “not without problems” conclude these researchers (Burrows et al., 2002: 39). Indeed, suggest Markula, Burns & Riley (2008):

The ubiquity of the idealisation of the slender ideal and derogation of ‘overweight’ at this particular sociocultural and historical moment has powerfully infiltrated cultural sites and institutions in ways that provide ‘templates’ or norms for ideal embodiment for all. Against and through these, many people will be judged, positioned and regulated both by others and by themselves. (Markula, et al., 2008: 15)

Collectively, these studies are beginning to highlight the impact of ‘healthism’ and specifically ‘obesity’ discourse upon educational contexts and the schooling experiences of children, although we still know little about the effects of these messages upon the various contexts of their lives and upon their developing identities.

Pioneering research by Evans, Rich & colleagues (2002; 2004; 2005a; 2005b; 2008a; 2008b) in particular, and therefore remaining central to this review, has been invaluable in furthering our current insights into the ways in which contemporary discourses of ‘health’ have impacted upon processes of schooling and the educational context. These authors’ chosen emphasis has focused largely upon ‘obesity’ discourse, its impact upon health policy in schools, health curriculum and physical education, and also critique of subsequent developments in educational practice. The majority of the research within this area has, therefore, focused more upon the formal cultures of schooling with less exploration, to date, of the impact of these performative health discourses as they are expressed within the informal contexts of education; emerging within these social spaces, for example, between peers, personal friendships and other relationships, during lunch times or during breaks. Evans et al. (2008b: 103) speak of these discourses as “a cultural toxin” that pervades many aspects of young people’s schooling and also their home lives outside of formal
education, yet they have directed less attention towards these other contexts within their work so far. This thesis attempts therefore, to build upon, and specifically extend this critical work of Evans & colleagues. It aims to explore the influence of these discourses of performative health on the development of disaffected relationships with one’s ‘body’, not only within those curricular areas explicitly dedicated to body concerns, but also within informal school cultures and practices outside of schools.

Traditionally, as we have seen, disordered eating has been theorised and predominantly understood as a psy-medical entity of disease, with little consideration of the social context (beyond the assumed prevailing ‘power’ of the media). And it seems we still need further research to explore the impact of these body-centred, educational cultures and the diverse and varying ways in which they may be experienced by young people, the eating and bodily practices of whom are considered extreme. Halse, Honey & Boughtwood (2007: 219) posit a radical retheorization of “anorexia”. It emerges not as a form of deviance, they suggest, yet, instead is produced as a “paradox of virtue” in the form of a zealous compliance with and taking up of socially and culturally sanctioned discourses prevalent in schooling and wider society. Informed by Foucauldian theory, their analyses examine how the disciplinary practices and moral technologies typical of contemporary secondary schooling signify and enter into the articulation of “three virtue discourses”. These include a discourse of “discipline”, of “achievement” and “healthism”, played out within schools and “into the formation of the anorexic subject” (Halse et al., 2007: 219). This work has been invaluable in its contribution to the re-situation of disordered eating within the social contexts in which it is produced, and, in particular, in terms of its focus upon the largely under-researched social institution of the school. Such ‘health’-valuing, performative cultures and their disciplinary corporeal modes, however, may not be experienced by these young people uniformly, but instead are mediated by their classed, gendered and ethnic orientations (Rich & Evans, 2008). This thesis thus aims, also, to contribute to and extend the analyses of this important research by exploring the ways in which these body/achievement-centred cultures of schooling – these disciplinary “virtue discourses” (Halse et al., 2007) and the modes of physical and behavioural corporeal ‘perfection’ they endorse - may be experienced in different ways according to one’s gender, ethnicity or class. As Markula et al. (2008) suggest,
these discourses “shape bodies, subjectivities and practices in multiple ways”, as they are,

constantly contested and continually shaped in relation to a variety of socially significant variables such as ethnicity, sexuality, socio-economic status (among others) and are rendered meaningful within the particular contexts in which they are located and according to the gendered, classed and racialised power relations operating there. (Markula et al. (2008: 15)

Therefore, if we are to consider and to “tease out” the ways in which these discourses within schools play into the “formation of the anorexic subject” (Halse et al., 2007), then we need to consider the multiple ways in which these young people are negotiating their subjectivities within these contexts, and the “multifaceted and fluid nature of their own experience” (Davies, 2003: 20). The “formation of the anorexic subject” (Halse et al., 2007) may be more complexly mediated as young people are required to manoeuvre through a web of intersecting gendered, classed and ethnic subjectivities, which constitutionally constrain and hence potentially ‘regulate’ their individual paths. As they intermingle with the formal and informal, performative, body-focused contexts of schooling, these are social contexts which make-up the cultural fabric of young people’s lives. However, the construction of their subjectivities, experiences, and (disordered) body management practices within these social spaces, still remains relatively unexplored.

2.8 Concluding Comments

In this chapter I have attempted to give an overview of some of the key research through which disordered eating has been conceptualised, theorised, challenged and understood. Providing the background context and body of critical literature within which the study sits, this review has presented an outline of the dominant discourses through which disordered eating has been constituted. Most predominantly this has been its discursive construction an object of bio-medical science (Hepworth, 1999: 3), through which the ‘diseases’ of ‘anorexia or bulimia’ are located within the ‘disordered individual’. Within this framework, the subject and their experiences are set aside therefore, from the experiences of the ‘normal and the healthy’, ignoring the
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complex, gendered, socio-cultural conditions within which these experiences are embedded.

Feminist perspectives on disordered eating have worked to shift our understandings of these experiences from an individual pathology, to their re-situation within socio-cultural contexts; produced through gendered ideologies of power which act upon women’s embodiment. Certain dominant discourses, which have been influenced by/emerged out of these interpretations have tended, however, to constitute women and girls as totally passive subjects, simply reproducing idealised media imagery. Yet, as Saukko (2008b: 45) outlines, we need research which addresses “the problematic gendered assumptions embedded in discourses of eating disorders themselves”.

The critique presented, therefore highlights the need for the continued development of research which employs theoretically sophisticated frameworks that can assist in uncovering the subtleties and complexities of the ways in which disordered eating is socially produced and defined. Post-structuralist feminist work has begun to explore the gendered discourses which have come to define the subjectivities of those experiencing disordered eating; the social and political emergence of these over particular historical periods (Hepworth, 1999) and the contemporary treatment context in which disordered eating is managed and addressed.

Less attention has been given, however, to the contemporary education context, and how the discourses and processes of formal and informal schooling may play a role in the production and development of disordered eating. This review of the literature has pointed to the impact of socially and culturally sanctioned discourses of ‘the body, weight and health’ within education, intersecting with other discourses of performativity and contemporary school cultures, characterised by attainment targets, performance and excellence. Normalising the ‘healthy/slim’ body and leading to a surveillant schooling context imbued with processes of bodily monitoring, measurement and regulation, this has alluded to the constitutive constraints upon the embodied dispositions of students and the (‘thin’) embodied subjectivities made available to them within this environment.
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This has highlighted the need for further research within this area, if we are to better understand the discourses and complex socio-cultural processes through which disordered eating may be produced and defined beyond the medical context; developing in multi-faceted ways within the daily social spaces of young people’s schooling and intersecting with other contexts of their lives.

The next chapter will discuss and outline the theoretical and analytical framework through which these issues will be explored. A range of feminist and post-structuralist theory is drawn upon, in an attempt to examine the complex and multiple nature of subject construction, within and through the discourses embedded in the contexts of schooling and intermingling broader fields.

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1 B-Eat: Beating Eating Disorders was previously known as the Eating Disorders Association.

2 Hepworth (1999: 15) also examines various discourses and interpretations, through which disordered eating has been theorised over specific historical periods. Before being passed over to the medical authorities to appear as a ‘disease entity’ under the medical gaze, these include early ideas about self starvation as a practice highly esteemed in medieval religious thought during the twelfth and thirteenth centuries. During this time, it is thought that fasting was regarded as a form of miraculous asceticism and virtue, afforded much positive regard and considered ‘saintly’ by the male religious authorities. Termed: Holy Anorexia, it is thought to have been a close approximation of the practices of women diagnosed with ‘anorexia nervosa’ in the late twentieth century, in which they were socially positioned within dominant patriarchal ideas/ideals, in similar ways; their actions constituted as ‘other’ against masculine ‘norms’ and definitions. Malson (1998) also explores these early interpretations, questioning however, the comparability of the ‘holy anorexia’ of the past, to its emergence within various forms today, suggesting that, to consider them the same condition would be to construe ‘anorexia’ as “a transhistorical medical entity, existing independently of the discourses in which it is currently constituted and the cultural milieu in which it is now experienced” (Malson, 1998: 50).

3 Such characterisations of women as a homogenous group is now a longstanding critique of earlier feminist research (see Chapter Three), (see also, Weeden, 1997; 1999; Francis, 2001a; Walker & Lucey, 1989; Ramazanoğlu, 1993; Hood-Williams & Cealey Harrison, 1998; Cealey Harrison & Hood-Williams, 2002; Fuss, 1989; Sawicki, 1991).

4 This work has focused upon the social construction of masculinity through sports, exploring the “ruptured” body narratives of the male subject who has become physically disabled through sport, and how these are built into the tellability of embodied identity over time, as these subjects make sense of their own bodies and experiences (e.g. Sparkes, 2004; Sparkes & Smith, 1999; 2003; Smith & Sparkes, 2005; 2008a; 2008b).

5 Following demographic trends in the prevalence of disordered eating (according to B-Eat: Beating Eating Disorders, 5th January, 2010, [previously know as The Eating Disorders Association] 10% of people known to have eating disorders are male, and 90% are female) no males were available to participate in this study at the time of data collection. Only one male was resident at Eastwood House.
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during this period, but had completed his treatment and returned home before interviewing and focus
groups had commenced. In addition, and also following general demographic trends in the UK and,
perhaps, the location of Eastwood House as a UK treatment centre, no participants of any other
ethnicities, besides those of white/Caucasian origin, were available to partake in the study at the time of
data collection. A growing body of research (e.g. Daniels, 2010; Gentile, Raghavan, Rajah & Gates,
2007; Walcott, Pratt & Patel, 2003) is beginning to suggest, however, that ‘eating disorders’ are
increasing within a more diverse range of ethnic groups. Reasons discussed for this include the
integration of these groups “into white culture” (Daniels, 2010: para. 3). As other ethnic groups “adopt
Western values”, suggest Walcott, et al., 2003: 223 “they may be at risk for developing eating
disorders”.

6 There has been much criticism of this approach which has highlighted the undesirable social impacts
of unwanted medical surveillance and control (see Miah & Rich, 2008, Chapter One). This has
included a growing body of feminist work which examines the increasing medical control of women’s
bodies, pregnancy, child birth and child rearing (see Lupton, 2003; Ribbens, 1998; Clarke & Olesen,
1999). This literature has explored the ‘absence’ of women in the production and implementation of
health care, and their experiences as silenced social actors expected to fit in to given concepts and to
comply with doctor’s instructions (Lupton, 2003: 148).

7 This was one of the tasks used as part of the qualitative research methodology, employed within this
research by Wright & Burrows (2004), and designed to investigate the discourses children draw on in
their constructions of health.

8 To this end, this is not to say that the critical researchers concerned with this area are aiming to deny
that physical activity and diet have a bearing upon people’s lives. Never, at any point, suggest
Allwood, Rich & Evans (2006: 21-22), are we proposing that physical activity or eating a varied diet
are not good things to be enjoyed as part of everyday life (Allwood, Rich and Evans, 2006: 21-22).

9 Indeed, media coverage and public focus on ‘obesity’ is also endemic within the United States of
America, reports Campos (2004), with similar news stories also appearing regularly in Hong Kong,
China, Singapore, Australia, New Zealand, Canada, India and elsewhere (Evans et al., 2008b: 2).

10 This study, led by Dr. K. M. Flegal (Senior Research Scientist for National Centre for Health
Statistics), involved analysis of epidemiological data obtained since the 1970’s, and was carried out at
the Center for Disease Control and Prevention (CDC) in Atlanta, Georgia. Results indicated that being
‘overweight’, as measured using the BMI, was actually found to be “associated with significantly
decreased all-cause mortality overall”, leading Dr. Flegal to conclude that “the relationship between fat
and mortality is more complicated than we tend to think” (reported by Usborne, 8th November 2007:
para. 6).

11 The new regulation Smart Card replaces any previous methods of obtaining food on the school
premises of participating schools, and funds instead are charged ‘onto’ the card by parents. This thus
enables staff to monitor, track and record the food choices made by all pupils, providing the means for
attempts to be made to regulate these in line with approved ‘healthy criteria’.

12 Children and young people in England are now required to sit national tests at the ages of 7, 11, 14
and 16, and (if they stay on at school past the minimum leaving age) at 17 and 18 (see Evans, Rich,
Allwood & Davies, 2007), a situation, which one report commissioned by the National Association of
Schoolmasters Union of Women Teachers [NASUWT], 2002 has warned, is “testing young people to
destruction”. This report indicated that “there is substantial over-testing of pupils by public
examinations in England, which not only kills pupils’ motivation and exaggerates the gap between high
and low achievers, but has exponentially increased teachers’ workload” (NASUWT, 2002: 1). A
similar report commissioned by the Professional Association of Teachers, the Secondary Heads
Association and the Children’s Society, in 2000, had also concluded similar results, indicating that
“stressed out pupils are suffering from an overload of exams”. The results of this study indicated that
over half the female participants involved, in a sample of eight thousand 11-18 year olds, reported
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experiencing “exam stress”, and just under half of the males. In conclusion, the report expressed concern that exams are becoming “too dominant a feature of school life”, increasingly restricting teaching time, and causing a considerable amount of anxiety for many children and teachers alike (reported by BBC News Online, 4th August 2000, paras. 6-7). Other studies have also indicated similar results (e.g. Eady, 1999; McDonald, 2001) concluding that, for young people in contemporary education in the UK, examination anxieties are a predominant concern (Kyriacou & Butcher, 1993: 21).

13 These studies have considered emerging implications for teachers and teaching, with debate evolving around whether these changes present a potential to enhance the professionalism of teachers and develop more rewarding forms of teacher culture (Hargreaves, 1994), or whether teachers, themselves have, instead, become the objects of policy, and thus part of a process of de-professionalization (e.g. Hargreaves, 1994; Whitty, Power & Halpin, 1998; Whitty, 1997). A significant number of studies have also indicated that these reforms have brought about an intensification of teachers’ work load (Hargreaves, 1994), with those working in the profession, where studies have been carried out in Britain and New Zealand, reporting burnout, emotional stress, tiredness, high levels of anxiety and declining job satisfaction (e.g. Bridges, 1992; Livingstone, 1994).

14 Some studies have explored the impact of these new external pressures, upon potential improvements in educational practice, with much of this indicating unfavourable results. For example Hardman & Levačić (1997: 133) suggest that competition, per se, does not necessarily lead to a raising of standards (see also Levin & Riffel, 1997; Lauder & Hughes, 1999; Saltmarsh, 2007).

15 Within their critical research, Lucey & Reay (2002a) suggest that the subjectivities available to young people within these new discourses of educational performance and ‘excellence’ remain limited. Although the neo-liberal subject is expected to be a modern day subject, “autonomous and flexible to negotiate, choose, succeed in the array of education and retraining forms” (Walkerdine, 2003: 240) as they are faced with a liberal culture of self invention, through a discourse of limitless choice and endless possibilities, this is an assumption which ignores the issues compounded within the regulation of subjectivities, and the inevitably constitutive constraints of gender, class and race. The very means through which social class is constructed and given ‘value’ within a culture, to be played out immeasurably within the contexts of schools, is produced through educational texts which invariably take middle-class practice as normative (Reay, 1996: 594). Working-class school-choices are defined therefore, through the, albeit unintended implication, as deficient, and deviant from government sponsored norms.

16 Polarization in education, suggests Gorard (2000: 309), is increasing, not only between pupils, but also between schools, thus creating an intensifying system of ‘winners and losers’. Inner city schools, and their predominately minority and working-class ethnic students, point out Lucey & Reay (2002b), are becoming the subjects of stigmatization, positioned within damaging discourses of demonization. As such, the quasi-education market, they conclude, is a polarized market, where some schools are ‘demonized’ and others are ‘idealized’, along classed, gendered and ethnic lines. Their work raises questions about the implications of this for young people who, in actual fact, have little choice, but to go to such schools, imbued only with prospects of negativity (Lucey & Reay, 2002b).
Chapter Three

Theorising Disordered Eating, Education and Health: A feminist post-structuralist framework for researching the body and schools

Drawing on a range of theoretical perspectives from feminist-post-structuralist research, this chapter outlines a theoretical framework through which to analyse the schooling and other experiences of the participants, who inform this study. Attempting to address the central tensions which emerge around the use of this particular theoretical synthesis, within this chapter I discuss key debates upon the use of Foucault and post-structuralism for feminist research.

Commencing with a review of a range of traditional feminisms, the chapter then moves on to position the research theoretically, drawing on a range of post-structuralist concepts, which offer the theoretical tools to theorize and explore the body and subjectivity, education and ‘health’. The chapter draws upon literature focusing on the social construction of the body, which offers some important areas of consideration for feminist educational research exploring the body and schools.

3.1 Mapping the Terrain of Feminisms: A critique of some traditional perspectives in explaining gender inequality

“We realise that feminism is a concept in constant change and with many definitions.” (The F Word, 2009, para. 1)

“Feminism is a politics”, defines Weedon (1997: 1) and there are many forms of feminist politics, she explains, each, whether acknowledged or not, implying a particular way of understanding gender inequality and the possibilities of change. Indeed, “we cannot speak as if from one omnipotent feminist position”, rather, a “more complex picture emerges”, concludes Hannam (2007: 3), encompassing a
diversity of “feminisms” extending and developing across a wide range of attitudes, disciplines, theoretical affiliations and concerns. Never a unified body of thought, the feminist project has evolved, as such, as “a multi-stranded project” (Coffey & Delamont, 2000: 5), representing a variety of feminist theories, feminist practice and differing feminist perspectives, surfacing within feminism in an attempt to more fully understand and explain the experiences of women and the politics of existing gender-power relations in society (Macdonald, Kirk, Metzler, Nilges, Schempp & Wright, 2002: 145).

Across the many strands of feminism, as these have “evolved over space and time” (Krolokke & Sorensen, 2006: 1), there are differing notions of, and beliefs about, the nature and origin of gender inequality and thus, quite different prescriptions for an ‘emancipatory’ politics in how we, as feminist educational researchers, are to go about advancing this. One of the central debates within feminism, for example, has concerned attitudes towards biological essentialism and the nature of its relationship with feminism. This idea – of whether there is an innate, essential maleness or femaleness within our natural physical makeup, the natural biology of which, may help explain social differences between the sexes, and thus to ‘position’ women and men within the social world – “has proved a persistent problem for the potential coherence of feminist thought” (Ramazanoğlu, 1993: 6). The differing fields of feminism have taken a variety of stances, as such, with regards to these views, as the movement has diversified over the last few decades. Indeed, there has been little sign of any further agreement emerging over “whether, or how, the material body should be regarded as anything more than social”, and how we are to take our feelings and materiality into account, “without reducing explanation of social life to biological determinants” (Ibid: 6-7).

It is taken here, however, that such continuous critical evaluation of core conceptual and ideological foundations within feminism, is a necessary pre-requisite to strengthening and moving forward our understandings of gender relations. Indeed, after their studies of gender had begun to make an impact in the mid-1970’s (Francis, 2001a: 157), by the end of that decade, “continuing their endeavour to voice and
validate the experiences of women, feminists were thus beginning to seek out new ways in which to theorize this experience” (Weedon, 1997: 170); this new challenge within emancipatory politics arising in response to a number of criticisms of, and challenges to, the varying feminist positions which had been established within society up to that point (Francis, 2001a: 158). There is not space within this chapter to acknowledge in detail all the varied and complex debates within and between the myriad of all feminist perspectives, and the intention here is not to carry-out a comprehensive review of all feminisms. This has already been done, expertly, elsewhere (see Mulinari & Sandell, 2009; Tong 2008; Davis, 2008; LeGates, 2001; Freedman, 2003; Whelehan, 1995; Lovell, 1990). However, to appreciate the development of feminist theory relative to its application within this study, it is necessary to give some overview of the various theoretical developments and their characteristics. Further, in doing so, implications for research on young women, the body, and schooling, are highlighted.

To summarise, Weedon (1997: 171) reports that this feminist turn in search of new models for feminism, followed the predominance, within feminism, of Marxist theories of ideology, which many feminists had begun to find problematic and also lacking in some ways. Radical feminists, for example, have criticized Marxism for its focus upon capital, and thus “inability to give an accurate account of the persistence of male domination”, replacing the category of ‘capital’, therefore, with that of patriarchy, which they identify as “the origin of all forms of oppression” (Sawiki, 1991: 19). Indeed, Radical feminism focuses upon the theory of patriarchy as a system of power, which organizes society into a complex of relationships, dividing rights, privileges and power primarily by gender and thus producing a ‘male supremacy’ which oppresses women and privileges men (Lewis, 2009: para. 1). Radical feminists have attempted to celebrate femaleness and women’s ‘natural femininity’ as a response to inequality within the patriarchal-male symbolic order. They have worked to achieve their aims by opposing existing political and social organization in general, and by supporting cultural change which undermines patriarchy and associated hierarchical structures that perpetuate the domination of one group over another (Lewis, 2009: para. 2). Historically, within education and feminist
educational research, radical feminism has focused mainly upon challenging the monopolization of knowledge and culture through ‘male’ ways of thinking, and the sexual politics of everyday life in schools. In the 1980s, this involved the development of strategies focused upon putting the needs and concerns of women and girls first, for example through the use of separate sex groups designed to prevent the contributions and understandings of girls from being ignored (Acker, 1987: 419) and to address claims of the attention of teachers being unequally divided in favour of male pupils (see Spender, 1982). Overall, addressing gender inequality in schools for radical feminists has involved challenging the assumption that successful schooling for girls should be modelled on that which has worked for boys, working to acknowledge the values associated with women in education, rather then embracing masculine values as universals (Thompson, 2003: 17).

In contrast, liberal feminism has sought to achieve full equality without radically transforming the current socio-political system, with the fundamental goal, therefore, of helping women and girls to gain equal access to current structures, systems and institutions (including education). Their focus has tended to remain upon individual rights and equal opportunities, “working at the political and legislative level in attempts to invoke changes in legal and social policies” (Hannam, 2007: 144). Issues central to liberal feminism include, for example, addressing forms of prejudice/sexism within and outside the workplace, including equal pay and equal opportunities for all; affordable childcare for working women; reproductive and abortion rights; equal access to/within education (Bonnie, 2008: 3). Whilst not without their criticisms, such ways of thinking have provided important inroads towards equality. Indeed, liberal feminism has had a particular influence within education (Skelton & Francis, 2009: 14), taken-up within government policies to promote equal opportunities, working to provide girls and boys with equal access to resources and to rewarding work within schools. For example, liberal feminist approaches to education have included the development of interventions for girls to aid their access to, and achievement in, subjects previously viewed as ‘masculine’, including, the Girls Into Science and Technology project (GIST) and Women Into Science and Engineering (WISE), (Skelton & Francis, 2009: 15). Also, within the physical education curriculum, early
work on gender adopting a liberal perspective, has pointed to the lack of resources for young women, thus attempting to create equal opportunities for access to all physical skills within the curriculum. The aim of liberal feminism in emphasizing equality and autonomy, and the achievements of Equal Opportunities (EO) policies (see Lees & Scott, 2005: 113), are not without criticism however, as it is suggested that these have been achieved at the expense of diversity (Enslin, 2003: 73). Liberal feminists have been criticised for generating a homogenous notion of women and girls and placing less emphasis upon the experiences of minority groups at school, such as those of ethnic minorities (Dillabough & Arnot, 2002: 575). Indeed, debates around liberal approaches and the physical education curriculum have since moved on, suggest Flintoff & Scraton (2001: 7), “to focus on PE as a site for the reproduction of gendered power relations”.

Both radical and liberal feminism and the diversity of feminisms developed and employed across feminist educational research, represent differing theoretical and political perspectives, adopting different epistemological and ontological positions, which highlight the complexities of feminist thought. Drawing on the work of Audre Lorde, Sawicki (1991: 18) implores us to devise ways of discovering, utilizing and learning from these differences, “as a source for creative change”; a way of thinking about difference, which Kenway, Willis, Blackmore & Rennie (1994: 207) point out, may have important implications for feminism within education curriculum, pedagogy and professional development within schooling. “Rather than implying the necessity of abandoning certain modernist feminisms”, they outline, this,

implies the need for an education in different feminisms, for an exploration of their different weaknesses and strengths in particular circumstances in schools and beyond, and for a view of them as strategies rather than truths of pedagogy. (Kenway, et al. 1994: 207)

Indeed, whilst criticisms have been levied against these theoretical frameworks for their failure to challenge the social construction of gender, as we have seen, they have yet been significant drivers towards challenging inequality of certain forms, within and outside education. Nevertheless, despite the diversity of these traditional feminisms, their progressive and collective, yet divided, historic contributions to the
Chapter Three: A feminist post-structuralist framework for researching the body and schools

feminist political project, these older, traditional feminisms – Liberal, Radical, Marxist/Socialist - are “no longer adequate to map the terrain of feminist theory” (Hall, 1996: v).

3.1.1 “Aint I a woman?” (Bell Hooks, 1982): Theorising power & the diversities of gender politics

“We need feminist theory that will let us think in terms of pluralities and diversities, rather than of unities and universals.” (Scott, 1988: 33)

In the 1970’s, when first commencing research for her book of the above title, discussions of black women and feminism were “uncommon”, reports Hooks (1982), leading her to conclude, at the time, that the existence of black women was often ignored, dismissed or forgotten, with books written about the experiences of black women to be found, few and far between (a situation, then, contributing to her own incentive to write one). Indeed, some of the major criticisms made by black feminists of the traditional and, historically, more predominant work of white feminists, have concerned the centring of the white middle-class woman as “the normative subject of feminism” (Brah & Phoenix, 2004: 78), producing homogenous theories which take the experiences of white middle-class women to be representative of all women. Indeed, some contemporary feminist educational researchers exploring multi-ethnic schooling contexts have suggested that, even today within these multi-cultural environments, the black working-classes are still residualized and viewed, symbolically, as representing “the abject other with no value” (Reay, Hollingworth, Williams, Crozier, Jamieson, James & Beedell, 2007: 1042; see also Reay, Crozier, James, Hollingworth, Williams, Jamieson & Beedell, 2008). Even the post-feminist “luminosities” of contemporary femininities, concludes McRobbie, (2009: 70), are still “unapologetically and invariably white”.

Underpinning these feminist debates around race and social class, and challenging some of the central notions of radical feminism, are concerns about the concept of patriarchy. This is a concept which, rather than recognising the complexities of diversity and power among women, and the multiplicity of difference upon which the
category of woman is based, suggests some fixed notion of the (white/middle-
class/heterosexual/able-bodied) ‘female subject’; a universal identity, which is no
longer a viable basis for feminism (see Hekman, 1999). These criticisms have led to
comments that the more traditional theories of emancipation tend to be “blind to their
own dominating tendencies” (Ramazanoğlu, 1993: 3), recognising that, even within
feminism itself, there are existing power relations. More recent, critical, work within
feminist educational research, much of this drawing upon a combination of post-
colonial and post-structural perspectives, has highlighted how the experiences of
young people from ethnic minority groups may differ from those of their white
counterparts, at school (e.g. Skelton & Francis, 2009; Oliver & Lalik, 2004; Ahmad,
2005; Crozier, 2005) exploring differences in class-based experiences within schools
(e.g. Reay et al., 2007; Archer & Yamashita, 2005; Lucey, Melody & Walkerdine,
2005), and within the physical education context in particular (e.g. Azzarito &
Solomon, 2005; 2006a; Azzarito, 2009). Indeed, Flintoff, Fitzgerald & Scraton,
(2008: 73) have emphasised the importance of researching the intersections of
difference in P.E; of “class, race, gender, sexuality and disability”, whilst also
highlighting some of the challenges this has raised for educational research. As these
studies have shown, rather than remaining universally homogeneous, the experiences
of women and girls are differentiated and diverse. For feminist theory to take account
of these structural and social diversities however, suggests Hartsock (1996: 40), is not
simply a matter of adding minority/marginalised groups and their experiences to
feminist concerns; “the inclusion of many different women will and must affect the
concepts and theories themselves”.

As such, in mapping-out a theoretical framework within and through which to explore
the subjectivities of the research participants, and their experiences of education, this
study aims, therefore, not to reconcile any linear notion of ‘patriarchal oppression’ but
to analyse and explore the gendered complexities of power through which the
participants are negotiating their daily lives at school and beyond. Indeed, such a
theoretical shift from ‘coherent product’ to the multiplicity of social processes, is also
important in understanding disordered eating as socially situated and socially
produced; working to bring attention to the embodied and racialised/gendered/classed
narratives of the participants, within the complex and contradictory contexts of their lives.

3.2 \textit{Shoring-Up the Theoretical Walls}: Discussing Foucault and the benefits of post-structuralist theory for feminist research

Historically, the evolution of feminist frameworks, through which to explore the gendered nature of society, also saw the development of previous sex role socialisation theories. Also known as social learning theories, in line with debates around biological essentialism, many feminists, who were most opposed to the notion at the time, chose to identify with these philosophies as they were considered appealing in their offer of “a purely social (non-biological) account of the gendered nature of society” (Francis, 1999a: 382). In this way, sex role/social learning theories, viewed women’s lack of power as resulting from a process in which women and men were socialised into descriptive and injunctive ‘masculine’ and ‘feminine’ roles, which defined how they were to act and interact within society (Harrison & Lynch, 2005: 227-228) and were reproduced across generations. The education context was thought to play a significant role within this process, reinforcing gender norms and assumptions about ‘the apparent inferiority of girls’, learnt at home within the family, as well as at school (Francis, 1999a: 382). These theories were heavily criticised, however, as they were unable to adequately account for social change. Indeed, although also still heavily mediated by social class (see Lucey, Melody & Walkerdine, 2003), there is much debate, at present, as to whether the academic performances of contemporary young women and girls today, are beginning to overtake those of boys (see Reay, 2005; Skelton & Francis, 2009; Francis, 2006), representing social changes in gender relations which cannot be accounted for by socialisation theories of role reproduction. Significantly, these frameworks of socialisation also lacked the theoretical space to explain the resistance of some women (and some men) and, once again, the theoretical means to account for the diversity within, as well as between, women and men and their presentation(s) of gender. “Socialisation is a complex process”, suggests Scott (1988: 45), “that does not yield uniform choices”.

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Following these criticisms and the growing focus within feminism upon the notion of difference, fuelled by the search for more flexible ways in which we could theorise gender, feminists in the 1990’s encountered a shift within feminism in which a new generation of feminisms emerged. Led by “the demands of political practice” (Fraser & Nicholson, 1990: 26) a turn towards post-structuralist and post-modern theories emerged in line with the search for a theory of relations between language, power and subjectivity, which had become high on the theoretical agenda of feminist interest (Weedon, 1987: 12). Offering, not only an alternative framework able to address some of the criticisms of social learning/sex role theories, post-structuralist theory presented a radical critique of the subject as produced within and through text; as fluid and multi-faceted, rather than fixed and one-dimensional, appearing to many feminists, as such, to “offer new understandings with which to enhance gender theory” (Skelton & Francis, 2009: 20-21).

Post-structuralism encompasses an array of theoretical and intellectual developments, and refers to a movement first emerging in French philosophy in the 1960s (Thwaite, 2004). Critically developed and diversified by its component thinkers who include - though not exclusively: Derrida (1973; 1976; 1978), Deleuze, (1968; 1969), Kristeva, (1981; 1986), Barthes (1986; 1987), Althusser (1971) and Foucault (1973; 1975; 1977; 1978; 1982; 1988). Post-structuralism is not an uncontested term, but rather continues to evolve as a body of approaches “motivated by some common understandings, yet constituting some varying theoretical positions” (Lye, 1997: para. 1). Indeed, there is a range as wide and varied of post-structuralisms, as there is of feminisms (Paechter, 2001: 41). Broadly speaking however, a post-structuralist position understands meaning and ‘truth’, not as fixed, totalizing, singular or universal, but as historically and culturally situated and produced through language (Wright, 2004b: 19). Language is central to this framework, as is the renunciation of the unitary self as a singular and coherent entity; “as a noun (and thus stable and relatively fixed)” succeeded, instead, with the active linguistic (verbal/textual/cognitive) construction of the multiple subject; as “a verb, always in process and taking its shape in and through the discursive possibilities through which ‘selves’ are made” (Davies, 1997: 274).
3.2.1 Discussing Foucault’s concepts: Discourse and power

Although he did express some desire to distance himself from the label, the work of Michael Foucault is perhaps employed the most by those who name their work as post-structuralist (Davies, 1997: 273), and Foucault’s notions of discourse and power (1977; 1978) are among those drawn upon within this project. Combined with work by other feminist post-structuralist theorists, who have developed and extended these concepts (e.g., Davies, 1989; 1991; 1997; 2000; 2003; Davies & Harré, 1990; Davies & Banks, 1992; Francis, 1998; 1999a; 1999b; 2000; 2001a; 2001b; St. Pierre, 2000; Malson, 1998; Hepworth, 1999; Davies, Browne, Gannon, Hopkins, McCann & Wihlborg, 2006), these are used as a theoretical framework for this study, to lend the particular theoretical means through which to explore the multiple, gendered, identities of a group of young women with ‘eating disorders’, the body and their schooling experiences.

Commencing a cursory explanation of some of Foucault’s concepts and their theoretical uptake within this research, the initial focus here is upon Foucault’s (1973; 1975; 1978) notions of discourse and power, although this is explored and developed here through the use of other feminist authors, as outlined above. Throughout his work, Foucault proposed a notion of power as exercised, rather than possessed (Sawicki, 1991: 21); as distinguished from a centralized, coercive force (MacCannell & MacCannell, 1993: 203) and viewed, rather, as a decentred and invisibly internalised myriad of power relations at the everyday, micro-level of society (Sawicki, 1991: 20). Inviting us to think differently about the nature of power and knowledge, and the ways in which feminists have thought about men having power over women (Ramazanoğlu, 1993: 4), these new views of empowerment, which Foucault presented, have had “much to offer feminists, who have put his ideas to work for feminist projects” (Bailey, 1993: 100-101). Foucault lays much of the central, theoretical groundwork here, through the concept of discourse, which he describes as the medium through which power relations are negotiated in multiple ways, rather than through any monolithic and totalising conception of power as a possession of universal patriarchy. This is a framework which has proved useful for some feminist theorists, as it has offered the means to view the complex nature of
women’s experience and of existing gender-power relations within society, as situated and socially produced within discourse. A post-structuralist reading of power, therefore, enables us to account for the complex ways in which power is exercised and produced in relation to gender, but also within and through other social categories, such as age, class and ethnicity. This offers a theoretical framework through which we can address some of the major theoretical complexities, which have challenged feminism, around the power relations which are produced through different discourses, between women, as well as between women and men.

Discourses, for Foucault (1973; 1977; 1978), are systems of knowledge and beliefs, historically, socially, culturally and institutionally situated, which produce collective ways of talking, perceiving and thinking about ‘the world’, about our ‘selves’ and ‘who we are within the world’. Working, thus, as social practices that “systematically form the objects of which they speak” (Foucault, 1978: 49), discourses offer us sets of concepts, categories, statements and terms, which supply us with the linguistic apparatus to think about, understand and speak about the world, determining exactly what we can say about it, yet also limiting and defining that which we cannot. For Foucault, (1978) the ‘pre-discursive world’ and, therein, ‘the pre-discursive self’ do not exist and, as social subjects, he sees us always as multiply produced within discourse; within and through frameworks of language outside of which, we cannot think, speak, act or ‘be’.

Extending and developing the concept; for feminist post-structuralist writers such as Weedon (1997), “neither the body nor thoughts and feelings have meaning outside of their discursive articulation” (Weedon, 1997: 105) as, “to know anything is to know in terms of one or more discourses”, suggest Davies & Harré (1990: 45). Changing the way we think about language, discourses play a (re)productive and regulatory role via specific structures and socially constructed rules, defines St Pierre (2000: 484 & 465), forming an integral element of all social events, actions, practices and processes. Most centrally, perhaps, the concept of discourse offers the means through which we can account theoretically, for the complexity and multiplicity of the always socially situated, always socially constructed, “subjective self” (Saukko, 2002: 245). In this
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way, the social realities discourses construct, particularly through institutions, work to limit and control subjects and their bodies in very material ways. Subject positions and subjectivities are created in and through discourses, and are “rendered meaningful within the particular contexts in which they are located and according to the gendered, classed and racialised power relations operating there” (Markula, Burns & Riley, 2008: 15).

As part of a wider network of power relations, continues Weedon (1997: 105), discourses structure the social and cultural (gendered) landscapes through which subjects live and negotiate their daily lives. Although the web of manifold frameworks they constitute do appear to ‘close off’ other ways of thinking, producing new ways of thinking differently is possible however as, within the silences, the shifting contradictions and the inconsistencies that discourses create, lie the opportunities for new discourses to be made. As such, predominant meanings can always be contested, creating competing and co-existing ways of giving meaning to the world, the subjects of the world, and of governing social practices, processes and institutions (Ibid.). This is potentially and particularly useful for this study. It offers the theoretical means to explore the discourses which govern and construct the social contexts of education, and the subjectivities and bodies of young people as they negotiate their lives within these contexts. This presents the opportunity, thus, to challenge the social processes that enable the validation and acceptance of some of the dominant forms of ‘knowledge’ here, over others (Markula et al., 2008: 10).

Through this theoretical framework, the research will attempt to explore the ways in which subjectivity is constituted in and through the body, as a product of these discourses within education contexts; as an object of social practice and power. In this sense, as the body has played an increasing role in feminist work, some feminist post-structuralist researchers have found Foucault’s notion of the body significant for feminism, taking-up his notion of the body and subjectivity, as constructed within discourse, to explore the social construction of femininity (McLaren, 2002: 82). Indeed, the concept of discourse and of the discursive ‘body’ has already been employed by a number of feminist educational researchers (e.g. Gard & Wright, 2001; Burrows & Wright, 2007; Kirk, 2006). Their work has begun to point to the
limitations of particular discourses predominant within the physical education curriculum and the anxieties about the body experienced by students, as their bodies and ‘health’ are situated within powerful frameworks of ‘appropriate’ bodies and ‘correct’ body management (Markula et al., 2008: 15).

3.3 *Teaching & Learning Under Surveillance*: Feminist educational research and Foucault’s concept of bio-power

Feminist educational researchers who draw on the more fluid and complex theory of power extended by Foucault, as operated and produced through discourse, suggest this offers them a necessary understanding of the complex relationships between the wider structures of educational systems and the micro-processes of individual actions/interactions and behaviour (Hird, 1998: 517). Indeed, an interest in how students, teachers and the social structures which define their educational institutions are produced through multiple and shifting discourses/relations of power, has remained a central question for educational feminists interested in identity and diversity, since schooling “teaches subjectivities as well as subjects” (Corrigan, 1982: 19). And this is also a question central to this research, as it works to understand and explore particular social constructions of the body and the participants’ bodies, and how their bodies may be positioned in discourse, as they negotiate these frameworks within the education context. The study employs Foucault’s (1991; 1977; 1978; 1990) notion of power therefore, as exercised in and through these multiple education discourses, to govern and regulate individual populations through practices associated with the body. It also draws upon the concept of bio-pedagogies (Wright & Harwood, 2009) to utilise and extend Foucault’s notion of bio-power (1977; 1978), in exploring how students come to be regulated and surveilled in and through the schooling system. Bio-pedagogies is a concept employed by Wright & Harwood (2009), which they use to “describe the normalising and regulating practices in schools” and how these are also “disseminated more widely through the web and other forms of media” (Wright, 2009: 1). In acknowledging and theorising resistance however, the concept of social positioning is also drawn upon within the analyses (e.g. Davies, 1989; 1997; 2000; Davies & Harré, 1990; Davies & Banks, 1992) to explore how the participants may be positioned in discourses in multiple and sometimes competing ways, working
to capture the shifting contradictions and inconsistencies which arise as they do so, as they are located within gendered, classed and racialised frameworks.

3.3.1 ‘Health’ education as a technique of bio-power

A number of feminist educational researchers have drawn upon Foucault’s notion of bio-power to explore the context of ‘health’ education in particular and the discourses which inform the ‘health’ education curriculum, as it is constituted and produced in line with contemporary social constructions of health and the body (e.g. Evans, Rich Allwood & Davies, 2008a; Rich & Evans, 2009; Wright & Harwood, 2009; Wright, 2009). This focus upon ‘health’ builds upon work by previous authors who have worked to highlight social shifts in our understandings of ‘health and illness’ (e.g. Armstrong, 1995; Illich, 1976; Skrabanek, 1994; Rose, 1994), drawing upon some of Foucault’s concepts to theorise this. Work by Armstrong (1995: 393), for example, points to a “fundamental remapping of the spaces of illness” which he has termed: the rise of surveillance medicine, involving an endless observation of everybody. This, he outlines, is a development in our understanding of ‘health’, becoming a political act designed to bring about behavioural change in the population in line with government ideals and extending health care intervention from any exclusive focus on the bodies of hospital patients to the monitoring of the wider population. The emphasis now, he suggests, is upon comprehensive and preventative health care for all, characterised by surveillance services such as screening and health promotion (Ibid. p.398). Surveillance services such as these, and comprehensive health promotion and education have, traditionally, been viewed as essential assets to the management of the population, unquestioningly thought of as emerging to the benefit of all. This growing body of authors, however, are beginning to challenge this assumption, some drawing upon Foucault’s concept of bio-power (1977; 1978), among other theory, to inform their critiques (see Gastaldo, 1997).

Foucault’s (1977; 1978) concept of bio-power and his understanding of power is a central theme within his work and, indeed, as discussed above, power, for Foucault, is constituted and produced within regimes of ‘truth’ or discourse, and is submitted, therefore, as discursive relations of power. To expand upon some of the background
to his notion of power, over the last few centuries, since the 1700’s, Foucault suggests, there has been a shift in the way in which the population is managed, from the exercise of power through killing or not killing, where power was located largely within the body of the sovereign, to the ‘power’ to promote life, and its dispersion throughout society (Foucault, 1990: 135-139). This describes Foucault’s (1991) concept of governmentality, a term he used to theorise these shifts in the technologies, attitudes and structures through which the population is governed and controlled. Developing in the eighteenth century, these social transpositions emerged as, and involved, a greater emphasis on the state’s ability to manage its resources (including its population to be viewed as a ‘resource’) economically and efficiently, and a concomitant increase in state intervention in the lives of its citizens (Danaher, Schirato & Webb, 2000: xii). Indeed, disciplinary/discursive power differs markedly from sovereign power as, whilst sovereign power may be thought of as repressive, these forms of disciplinary power are productive (Harwood, 2009: 18). In this way, to use Foucault’s theoretical tools for analysis, suggests Smart (2002: 78), is to address, not a centralized, legitimate form of power, but to identify “the techniques which have become embodied in local, regional, material institutions”, and to be concerned with “the exercise or practice of power, its field of application and its effects”. Bio-power is one such technique of power, used to mange the biological processes, economic and social issues generated by the collective body; a concept within which the individual body has become the central focus to be rendered “docile” and productive and thus politically and economically useful, wherein it can be controlled, subjugated, managed, transformed and improved (Gastaldo, 1997: 114).

In this way, the body, and also ‘health’, become ‘objects of knowledge’, regulated, explained and defined through discourse and ‘managed’ therefore, within and through this relation of power-knowledge, particularly within the education institution and through medicalized notions of welfare, disease and reproduction. Thus, strategies of teaching, training, monitoring and disciplining the population to act in line with the exigencies of these discourses of ‘health and the body’, become central to the exercise of bio-power, whilst distinct physical and social spaces become locations in which individuals and their bodies can be ‘taught and trained’, monitored, surveilled and
defined by those in authority. As central, localised disciplinary institutions, the social contexts of schools offer particular, political locations for this exercise; the physical education context offering a significant “venue for study, given the centrality of the visual active body” (Webb, Mccauhty & Macdonald, 2004: 209). Physical education is one of the social contexts “where the most flesh is seen” outline Webb et al., (2004: 209), where “bodies interact constantly in different ways, and physicality is primary”. Disciplining the (‘bodies’) of subjects of schools to act in line with state discourses, through the mechanisms of bio-power however, also points to the development of these state technologies as a requirement for a more refined, less coercive strategy of government; a mode, or modes of “subjectification through which subjects come to work on themselves” (Rainbow & Rose, 2006: 215). Indeed, Foucault’s concept of bio-power relies upon the central notion of a continuous and perpetual surveillance²; a normalizing judgement, beneath which, the bodies and behaviours of subjects are positioned, judged and ‘watched’, at all times. Thus providing the “perfect disciplinary apparatus” (Smart, 2002: 86), as students, under the ‘single gaze’ of teachers and peers, come to internalize this “state of conscious and permanent visibility” (Foucault, 1977: 201) and to “regulate their behaviours and identities toward a norm” (Webb et al., 2004: 210). They are incited to assiduously conform to discursively prescribed ‘norms’ of ‘health’ and bodily disposition, becoming the self-regulating agents of their own normalization (Armstrong, 2006: para. 6). In this way, social discipline through this cost-effective, utilitarian technique, in Foucault’s words, presents:

No need for arms, physical violence, material constraints. Just a gaze. An inspecting gaze, a gaze which each individual under its weight, will end by interiorizing to the point that he is his own overseer; each individual thus exercising this surveillance over, and against himself. A superb formula: power exercised continuously and for what turns out to be minimal cost. (Foucault, 1980: 155)

Bio-power and the internalized notion of continuous surveillance is theorised, therefore, to maintain the disciplined subject “in all their subjection” as “their visibility assures the hold of power that is exercised over them” (Foucault, 1977: 187). Within this framework, the school is positioned as a site of moral governance, in
which young people are incited to achieve particular bodies/a particular embodied subjectivity, where the bio-political project of ‘health’ education is concerned with maintaining a certain kind of disciplined, self-regulating subject (Coveny, 1998: 459). This is a subject, thus, who is directed at self improvement and the search for ‘happiness and healthiness’ (Lupton, 1995: 11); a bio-citizen (Halse, 2009), within contemporary dominant discourse in the west, whose self-discipline and restraint has made them into a ‘healthy citizen’ and whose ‘slim and trim’ bodily disposition reads as testament to this.

Recent work by Wright & Harwood (2009) and a collection of other academic authors working in the sociology of education, has drawn upon and extended Foucault’s notion of bio-power to explore the social context of schools, in particular, and the governing of bodies through contemporary discourse of ‘obesity’. This work views the range of instructions about ‘health’ that the population are given on a daily basis, across a variety of social contexts, as an “extensive pedagogy”, which, they relate to Foucault’s notion of bio-power, developing the concept of “bio-pedagogies”, and the use of ‘health education’ as a means of governing the bodies of the population (Harwood, 2009: 15). There is far more to ‘health education’ than simply a notion of ‘being well’, they suggest, and “bio-pedagogies” function to “affect populations” and “target concerns of life such as birth rate, or ‘obesity’. In doing so, their function is to impart knowledges that make meaning, and are attached to the shaping of identities and desires of life” (Harwood, 2009: 22). This work has been invaluable in bringing together a collaborative development of the concept of “bio-pedagogies”, to further theoretical understandings of the social construction of the body (Wright, 2009: 1) and to extend Foucault’s notion of bio-power in relation to schools and dominant discourse of ‘obesity and health’, currently pervasive in contemporary western culture. This study draws upon Wright & Harwood’s (2009) concept of bio-pedagogies to explore how discourses of ‘the body, weight and health’ are translated into pedagogy and practice within the formal and informal contexts of schools, as well as throughout popular culture in wider society as a form of “popular pedagogy” (Evans et al., 2008b: 5), for example in the social contexts of families, through the media and the internet. The concept of bio-pedagogies offers a theoretical framework
for “interrogating the pedagogical practices and effects of bio-power and how, in our contemporary contexts, these practices work to govern bodies” (Harwood, 2009: 15).

### 3.3.2 Some critiques of Foucault and his notion of surveillance

Although the theoretical impact of Foucault’s notion of power and surveillance “cannot be overstated”, suggests Elmer (2003: 231), his theories have generated some wider criticisms, although, for the majority, the authors here have attempted to use these critiques as a means of extending and developing his work for their own research. This has included the contribution of his concept of Panopticism within surveillance studies (see Wood, 2003; Elmer, 2003; Whitaker, 1999; Vaz & Bruno, 2003) where this has been critiqued and developed across several angles, for example work by Lyon (2001) which has argued that the concept has neglected types of caring surveillance within social research, in favour of more obvious manifestations of unwelcome and intrusive attention. Other scholars have also critiqued Foucault’s notion of the disciplinary effect of surveillance (see Mathiesen, 1997; Bauman, 1988; Fiske, 1993), arguing, for example, for a more contemporary theory of surveillance.

These criticisms, however, have been helpful, suggests Elmer, (2003: 232), in expanding the theoretical applicability of Foucault’s model for our increasingly complex economy of personal information today.

### 3.4 “She loved him in theory, but could she get along with him in practice?” (Rosi Braidotti): The Tensions of Using Foucault and a Post-Structuralist Framework within Feminist Emancipatory Research

The chapter, so far, has discussed the benefits and use of some of Foucault’s concepts and of post-structuralist theory for feminist research, also beginning to lay some of the theoretical groundwork outlining a framework for the study. The work of Foucault and, in particular, the uptake of his theory and of post-structuralist theory within feminist work, is not without criticisms however. As Weedon (1997: 1) defined at the beginning of this chapter, “feminism is a politics” of which there are “many forms” and, whilst “feminism is a politics”, diverse in the many theoretical postures, from which it is comprised, it is also a politics – in line with the position taken by this research - which can be seen to share a more general and collective, political aim,
concerned with taking steps towards questioning and disrupting socially constructed, (gendered) hegemonic forms, social systems and structures of subordination and subjection. Collectively feminism can be viewed as a political project aiming to “break out” (Stanley & Wise, 1993) of such deeply-entrenched social structures on the more generalist macro level (no matter what the theoretical orientations on the micro). This represents a concerted emancipatory aim therefore, which can be viewed, at least from a post-structural perspective, as being built around a central grand narrative that, all women are subordinated by all men, and that, in better understanding and voicing this subordination, we will be better placed to change it. Foucault and other post-structuralist work however, challenges such grand narratives or ‘universal truth claims’ by deconstructing them, thus upsetting some of the core assumptions of feminist thought (Ramazanoğlu, 1993: 4). This leaves feminist researchers who wish to use post-structuralist theory within their research, with the question of whether post-structuralism/Foucault and feminism really are compatible. The following sections will review some of these debates as well as other criticisms of Foucault’s work.

3.4.1 Critiques of Foucault and the use of his theories for feminist research

Much criticism of the use of post-structuralist theory for feminist work includes critiques of the work of Foucault by a number of feminist authors, who question and challenge his concepts of power, agency, resistance and the subject, for feminism (see Harstock, 1990; 1996; Deveaux, 1996; Fraser, 1981; 1989; Fraser & Nicholson, 1990; Foxhall, 1997). In the first instance, some of these feminist authors, particularly those adopting radical feminist positions, argue that reliance upon Foucault’s work represents the use of another predominately masculine voice, pointing towards further dependence upon male theorists (Weedon, 1999: 124). They suggest that women in general have been alienated from the ‘univocally masculinist’ discourses of western culture and thus that most theories available to feminists, such as those of Foucault, are based on ‘male narratives of gender’ (Sawicki, 1991: 1 & 3), omitting female experiences of power and knowledge production (Sanders, 1998: 111). One of the main criticisms of Foucault is that he was somewhat gender-blind, in that his analyses do not identify gender as a constitutive feature of power (Larmour, Miller & Platter,
1997: 18). Indeed, Foucault does not talk about both men and women, nor does he use gender neutral language, suggests Richlin (1997: 169), concluding, “it is clear that Foucault and his sources are talking only about men”. Nevertheless, whilst such criticisms of a certain level of gender insensitivity within Foucault’s theorisations are justified, argues McNay (1992: 38), these constitute “lacunae, rather than major theoretical difficulties”, which have, to a large extent, been filled by subsequent feminist studies. McLaren (2002: 25) echoes these sentiments, concluding that although Foucault did not systematically discuss sex or gender differences, “feminists have successfully extended his work to do so”. This point will be argued in the final sections of this chapter, which further outline the theoretical framework to be used for this study, by drawing on these feminist authors and their developments of Foucault’s concept of discourse and post-structuralist theory for feminist educational research.

3.4.2 Feminism/Post-Structuralism?: Subjectivity, the subject of feminism and theorising work for social change

More central to the debates around the use of Foucault and post-structuralist theory for feminists are the complex theoretical issues which emerge in relation to the feminist need for a system to explain the social realities of emancipatory concerns around gender, and the post-structuralist focus upon discourse which deconstructs universal emancipatory positions. At the heart of this lies fundamental discussion around the ‘anti-humanist’ post-structuralist dissolution of the concept ‘woman’, generated by the post-structuralist understanding of subjectivity. Indeed, to adopt a post-structuralist understanding is to deconstruct and to let go of the concept of a ‘universal woman’ and this points to one of the main tensions between post-structuralism and feminism, leading some to say they are incompatible. In this way, post-structuralism is seen by some to deny individual experience by deconstructing the founding subject of womanhood, and the ‘essential female essence’ at the centre of much radical feminism, rendering ‘her’ as socially constituted within discourse (Weedon, 1997: 171). Post-structuralism invites us, instead, to speak, “only of particular ‘women’, constructed by variable and historically specific sets of social relations” (Fuss, 1989: 39). This has led Ramazanoğlu, (1993: 10) to question whether, if analysis is abstracted from a feminist grounding in this way, we are in
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danger of slipping back into “an undifferentiated sense of woman”, in the absence of “an epistemologically significant, specific subjectivity” (Alcoff, 1988: 421). She has suggested, thus, that we should be continually addressing and contesting this problem from different standpoints (Ramazanoğlu, 1993: 10). Attempting to extend her own ideas of what the post-structuralist subject might be Davies (1997: 272) reminds us, however, that the *point* of post-structuralism is not to destroy the humanist subject nor to create its binary other – “the anti-humanist subject” (whatever that might be). The point is to show how the humanist self is so convincingly achieved through the inscription of humanist discourses, she continues, “enabling us to see the subject’s fictionality whilst recognising how powerful fictions are in constituting what we take to be real”. One of Foucault’s major contributions, she points out, has been to show us that what we understand and take to be ‘human’, has shifted and changed over time, thus deconstruction, which draws upon and extends his work, “enables us to see that which we normally disattend” (Ibid.). Davies (1997: 272) outlines a post-structuralist position, therefore, which requires us to consider contradictory thoughts; to “take them on board and to hold them together at the same time”; to use our research on women’s lives, paradoxically, to both create and disrupt notions of the subject, through explorations of their narratives.

As questioned by Munro (1998), “when the subject becomes a fiction, what becomes of the categories ‘resistance’ and ‘agency’ thought necessary for social change?” Indeed other, similar, tensions, around the use of post-structuralist theory for feminists, emerge in relation to the central emancipatory aims of feminism, including the use of concepts such as: *morality, justice, equity, truth, resistance* and *gender*. The difficulty this ‘anti-ontology’ presents is that we need concepts such as these to make any political claims about power relations, differences and gender. Feminists “should embrace Foucault”, suggests McLaren (2002: 48) because of the compelling ways in which he illustrates the damage that can be caused by social norms, through processes of marginalization and exclusion; social norms which, all too often, universalize the perspective of the dominant - which is often coded as masculine - although they masquerade as neutral. However, in deconstructing masculinist assumptions in this way, suggests Francis (2001b: 65), although it does not instruct people to abandon
work to end inequality based upon gender, Foucault and post-structuralist work also deconstructs these very moral and foundational conceptions upon which a political movement, such as feminism, is based. For this reason, suggests Alcoff (1988: 421), post-structuralism “limits feminism to the negative tactics of reaction and deconstruction”. Indeed, a number of researchers, as discussed in the following section, have questioned whether these tensions, which a post-structuralist position creates, point to a political paralysis and an account of the world which remains impossible in theoretical terms, or if there are ways in which we can use this position to theorize social relations and to move forward in feminist social research? The following sections will consider some of the key research and issues in this debate, working to outline a feminists-post-structuralist, theoretical framework for use within this educational research study.

3.4.3 Theoretical solutions: Are there any?

“How can we combine a postmodernist incredulity toward meta-narratives with the social-critical power of feminism? How can we conceive a version of criticism without philosophy which is robust enough to handle the tough job of analyzing sexism in all its endless variety and monotonous similarity?” (Fraser & Nicholson, 1990: 34)

Several feminist researchers have made attempts to find some way through these theoretical tensions without abandoning either perspective of feminism or post-structuralism entirely (e.g. see Francis, 1999a; 2001a; 2001b; Alcoff, 1988; Fraser & Nicholson, 1990; Rich, 2002; Spretnak, 1993; Middleton, 1992; Sawicki, 1991). Weedon (1997) suggests, first of all, that we proceed to employ a post-structuralist position, continuing to do so with the feminist grand narrative intact, yet taking care to acknowledge the ‘historicity’ and geographical specificity of these theories, no longer claiming universal status (Weedon, 1997: 172). Fraser & Nicholson (1990: 35) outline a similar approach, suggesting that feminist post-structuralist theorists simply dispense with the notion of a unitary, ‘female’ subject of history, replacing this with multiply constructed conceptions of gender identity, socially situated within other intersecting categories of gender, class, age, sexual orientation and race. In light of this, Francis (1999a: 385) reiterates the benefits of a post-structuralist perspective to
feminism in highlighting the absence of any ultimate ‘universality’ in the experiences of women, suggesting that emancipation can be interpreted as taking place at an individual rather than a global level. Using multiple categories where relevant, however, suggests a theory and approach which does not suggest any total or exclusive focus upon post-structuralist theory. Indeed, there are a growing number of feminist post-structuralist researchers who have successfully applied post-structuralist theory to their educational research, although few of these researchers appear to have adopted ‘pure’ post-structuralist theoretical orientations within their work (see Rich, 2002). Through the use of these theories and methods, these researchers have worked to extend our ideas on how gender discourses are taken-up by teachers and students, and how gender is socially constructed within the education institution (e.g., see Francis, 1999b; Gonick, 2004; Kenway, Willis, Blackmore & Rennie, 1994). Other feminist educational researchers are also using this theoretical framework to explore the ways (as is the focus within this study), in which dominant discourses in schools and in physical education construct the (female) body (e.g. Azzarito & Solomon, 2005; Wright, 1996b; Evans, 2006). In line with this, I also do not view any exclusive or singular focus upon post-structuralism as theoretically desirable, and would agree with Brookey & Miller (2001) who argue that any such approach is something that, social movements should avoid, and critiques that dismiss either approach as having no value for the movement (whatever that political movement might be) may do a serious and dangerous disservice to the very groups whose rights they claim to advance. (Brookey & Miller, 2001: 140)

Indeed, suggests Francis (1999a: 390), “‘pure’ post-structuralism itself, does require some consideration”. This should not be problematic for feminist work however, concludes Sawicki (1991: 32) as, in a feminist politics of difference, theory and moral notions are geared to specific contexts, yet this “need not preclude systematic analysis of the present”, even though it “does require that our categories be provisional”. Thus, we should be able to embrace solidarity as well as difference, outlines Soper (1990) and, in this way, to adopt a post-structuralist perspective without feeling overly troubled about the contradictions and inconsistencies between the differing theories
we employ, as “post-structuralist theory reveals the impossibility of coherence and unity” (Francis, 1999a: 388).

3.5 Situating Subjects: Resistance and post-structuralist ideas of social positioning

“Positioning, as we will use it, is the discursive process whereby selves are located in conversations as observably and subjectively coherent participants in jointly produced storylines.” (Davies & Harré, 1990: 48)

3.5.1 Post-structuralism, bio-power and resistance?

Extending and developing post-structuralist ideas for use within their educational research, other feminist researchers have also responded to feminist critiques of post-structuralism and Foucault’s notion of power in particular, suggesting that it does not provide the theoretical scope to explore resistance. These critiques of Foucault’s work for feminism, for example, include those by Harstock (1990: 164) and Fraser, (1989: 29), who find his notion of power problematic. Foucault speaks of subjects rendered as ‘docile bodies’, they suggest, rather than as active subjects with the capacity to resist power. Indeed, as Foucault outlines,

> I would say that if now I am interested, in fact, in the way in which a subject constitutes himself [sic] in an active fashion, by the practices of the self, these practices are nevertheless not something that the individual invents himself. They are patterns that he finds in this culture and which are proposed, suggested and imposed on him by his culture, his society and his social. (Foucault, 1987: 122)

In addition, Foucault’s lack of definition between forms of power - those which may be acceptable, and those which may not - and his normatively neutral stance upon power in this way, also limit the value of his work for feminism, proposes Armstrong (2006: 5). As such, even if a subject capable of resistance can be gleaned from Foucault’s work, concludes Räikkä (1997: 121) he still “does not provide the normative framework necessary to know what one ought to resist”. In this way, “the assumption of human agency evoked in the notion of emancipatory endeavour, is questioned by post-structuralism”, suggests Francis, (2001a: 162) as, some argue,
within this framework we are viewed as vessels “positioned and repositioned in relations of power through discourses”, exerting no active choice as to the discourses we take-up and use (Ibid.); any understanding of ourselves as other to this, thus produced as a result, only of our positioning within liberal discourses of humanist individualism (see Jones 1997; Davies, 1997). As such, the post-structuralist concept of the self as lacking coherence in this way, continues Francis (2001a: 162), potentially holds particular consequences for the feminist project, for surely struggles for emancipation would be rendered pointless if we actually have no control over our lives? This is only one reading of post-structuralism however, of which there are many, and other feminist researchers, some of whom who have criticised Foucault’s work, have attempted to extend these theories of discourse, some working to address these theoretical limitations for constituting and theorising resistance (see Harwood, 2009; Davies, 1989; 2000; Davies & Harré, 1990; Davies & Banks, 1992; Francis, 1999a). Harwood (2009: 26-27), for example, points to the significance of attending to modes of subjectification which, she asserts, “offer alternative accounts of the truths of regularizing discourses”, a theory which Francis (2001a) has also alluded to. Francis (2001a: 166) begins by drawing on Mills (1997), agreeing with her assertion that discourses are the vehicle through which social relations are produced, rather than being all-powerful in themselves; subjects may be positioned in discourse therefore, yet this positioning is conducted by other subjects, rather than by discourses themselves. Davies (1997) also recognises the constitutive power of discourses, and the social production of the ‘self” as a discursive process, always in process. Although the ‘maker’ of this process, she suggests, is an “already discursively constituted subject” - “a subject in process”, this is a subject, she continues, who, like post-structuralist writers, is capable of, “viewing this constitutive process; reading the texts of their selving; recognising the constitutive power of discourses; seeing the contradictions between discourses” and “playing endlessly with the discursive possibilities that have been made observable through post-structuralist analysis” (Davies, 1997: 274). Indeed Davies and these other feminist educational researchers have extended post-structuralist theory and the notion of discourse, to explore resistance and the complexities of the discursive process of subjectivity across social contexts. The theoretical account they offer is a flexible one, more “able to
incorporate the contradictory and complex nature of human interaction and power relations” (Francis, 2001a: 166).

3.5.2 Feminist post-structuralist theories of social positioning in educational research

In developing these post-structuralist theories for feminist educational research, these authors (e.g. Davies, 1989; 2000; Davies & Harré, 1990; Davies & Banks, 1992; Francis, 1999a) have extended the theory to account for the multiplicity of subjectivity and of difference, through their work in developing the concept of social positioning in discourse. This has offered further ways in which to conceptualise and analyse the gendered experiences of young people as they are positioned as powerful/powerless in discourses which produce them in particular ways, at school (Francis, 1999a: 383). Subjects “move through multiple discourses and multiple positions within discourses”, outlines Davies (1992: 57), at any one time - and potentially many times – during any one day, or even during any one conversation. Using the term ‘discursive practice’ to refer to “all the ways in which people actively produce social and psychological realities” Davies & Harré (1990: 45) develop and expand upon the concept of positioning within their work⁵, employing this as a means of recognising the force of discursive practices; how the individual is positioned within and through these practices; and the ways in which their subjectivities are generated through the learning and use of these discursive practices (Davies & Harré, 1990: 47), (‘subjectivities’ referring here, to “the particular ways in which someone gives meaning to themselves, others, and to the world”), (Davies & Banks, 1992: 2). This presents an important concept, therefore, in understanding the ways in which subjects are constituted in and through existing discourses, the concept of positioning takes conversation as the starting point, although the subject also positions and is positioned in and through their own successive thoughts, to which the personal narrative of others and of ‘self’, is central. Here the ‘self’ is spoken into existence and “subjectivity is formulated through discourse, given substance and pattern through storyline and deployed in social interaction” (Davies & Banks, 1992: 3). To position or be positioned, in this sense, points to the formulation of subjectivity through particular discourses, discursive practices and jointly produced storylines for “the
constitutive force of any discursive practice lies in its provision of subject positions” (Davies, 1992: 53):

Once having taken up a particular position as one’s own, a person inevitably sees the world from the vantage point of that position and in terms of the particular images, metaphors, storylines and concepts that are made relevant within the particular discursive practices in which they are positioned. (Davies, 2000: 89)

In this sense, in socially speaking and acting from a position in discourse in the present, subjects are also bringing to a particular situation now, “their history as a subjective being” in the past; their personal history of “one who has been in multiple positions and engaged in different forms of discourse” (Davies & Harré, 1990: 48). Events are interpreted through the use of familiar storylines, concepts and images, which become particular, personalised ways of taking oneself up and of ‘knowing’ and ‘being’, and which “come to constitute the me-ness of me as separate from others” (Davies, 1992: 57). To the extent that one takes oneself up in terms of these familiar positionings and storylines, then, they have become part of the subjectivity of that subject (Ibid.).

Davies’ concept of positioning (see Davies, 1989; 1992; 1993; 2000; Davies & Harré, 1990; Davies & Banks, 1992) is utilised in this research study, wherein it is taken to be a “discursive process whereby selves are located in conversations as observably and subjectively coherent participants in jointly produced storylines” (Davies & Harré, 1990: 48). Momentarily called by the discourses in which they are positioned, a subject can also position other subjects, interactively, whereby others are also positioned as subjects through their words and what they say, or they can be reflexively positioned, whereby the words and conversation of another, in turn, position them (Ibid).

These post-structuralist theories, concepts and ideas have made an important contribution to the development of a discursive approach to gender and identity, becoming increasingly used by other feminist educational researchers (e.g. Paetcher, 2001; St Pierre, 2000; Gonick, 2004: St. Pierre & Pillow, 2000; Wright, 2004b). They
represent a radical departure from former ideas on gender identity, since they bring forth a less monolithic notion of gender inequality and the subject, even viewing ‘gender’ as social, and celebrating multiple subjective views – views that “articulate different oppressions and are entitled to their own solutions and life choices” (Saukko, 2002: 261). Not only do they offer us a new understanding of the ways in which power is constituted through multiple, gender discourses, and the ways in which we, ourselves, as gendered subjects, may be positioned within these discourses, but, as Davies (1989, 1997) and others maintain, this also gives rise to the possibility of creating new gender discourses, and thus potentially “re-constituting ourselves through discourse” (Francis, 1999a: 384).

3.5.3 Social positioning and the multiplicity of discourse
Keeping the focus upon this process of social positioning, as subjects are located within discourses, given that there are multiple and competing discourses, these subject positions are never stable. Indeed, in her research, which explores the identities of young girls and their teachers, which has also been invaluable in pioneering the application of post-structuralist theory to educational settings, Walkerdine (1981) asserts that her subjects are,

not unitary subjects uniquely positioned, but produced as a nexus of subjectivities, in relations of power that are constantly shifting, rendering them at one moment powerful and at another powerless. (Walkerdine, 1981: 14)

It is within and through this multifaceted public process – within and through the complexities of multiple, shifting discourses – that the subject is progressively, dynamically and socially ‘produced’ (Davies & Harré, 1990: 46). In this way, as the subject is a product of discourse, ‘it’ is always in constant flux, depending on the particular social situations/particular discourses, other subjects and particular social circumstances within and against which ‘it’ is produced, at any particular time. Produced as/through multiple gender identities, subjects will therefore be required to consistently negotiate the associated tensions of being positioned within competing discourses and the varying ways in which meaning (about gender) is constructed. This ‘meaning’ will vary, because some discourses bear more power, relationally, than
others (Cox & Thompson, 2000: 5), positioning subjects within shifting power relations between dominating discourses, and other discourses, which may be marginalised or subordinated in varying ways across cultures. Across the formal and informal contexts of education and, as explored within recent educational research, across the physical education context, a variety of competing discourses exist, which work to position the bodies of students, in particular ways (see Wright, 1996a; Wright & King, 1990; Evans et al., 2008b). Bringing attention to the complexities, which are a feature of these various discourses, some studies adopting a feminist post-structuralist framework have explored the positioning of young people within these competing discourses, and the construction of embodied meanings, which vary by gender, class and race (see Azzarito & Solomon, 2005; 2006a). Indeed, as Davies (2000: 89) reminds us, we are positioned in discourses in multiple and contradictory ways, through an ongoing process of social interaction. As we inevitably see ‘the world’/’ourselves’/’others’/’health’/’the body’ from the vantage points of our positions, and “in terms of the particular images, metaphors, storylines, and concepts that are made relevant within the particular discursive practices” in which we are positioned (Ibid.) there is thus, perhaps, “at least a possibility of notional choice involved”, concludes Davies (2000: 89), as there “are many and contradictory discursive practices” that each subject could engage in.

3.6 Concluding Comments
This chapter has mapped out some of the contemporary shifts in feminist research. It has also outlined a number of the tensions which emerge in the application of a post-structuralist theory which deconstructs universals, to the political, feminist movement, built upon a universal assumption for women. In light of this, I have identified the main driving position of this research as feminist, but as one which draws upon a number of concepts from post-structuralist theory, rather than any such position in its entirety.

I have outlined the uses of a variety of conceptual, post-structuralist tools, which I will draw upon within the analyses. These will be used to explore the ways in which the participants, who inform the study, are making sense of their bodies and health as
they are positioned in discourses across the formal and informal cultures of schooling. Although the concepts utilised here include Foucault’s notion of bio-power, the theoretical framework this constructs draws, more heavily, upon the work of feminist educational researchers who have developed and extended his theorisations for use in educational research.

In mapping out this framework within which the subsequent analyses will sit, I have pointed to the use of these elements of post-structuralist thought, to enable an understanding of the necessary complexity of the school as both a social institution and a set of social practices. The chapter has raised some difficult questions around the issues discussed and through the theoretical synthesis proposed. However, like Francis (1999a: 388), I agree that “the deconstruction of the ‘will to truth’ in academic research is an issue, itself, worthy of further research”.

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1 This is a potential political allegiance, however, which is not without tensions for, any relationship between feminism and Foucault is as contradictory as it is complementary (McLaren, 1997: 109). This is discussed in section 3.4, at a later point within this chapter.

2 Foucault (1977) uses Bentham’s model of the Panopticon, and his notion known as Panopticism, as a metaphor to describe the mechanisms of this continuous surveillance’s. Bentham’s Panopticon was a penitentiary tower built in a central position within a prison. Surrounded by the prison cells, it was positioned in such a way that, when stationed in this tower, the guards were able to observe all the prisoners in their cells. The prisoners however, were unable to distinguish when a guard was ‘on duty’ in the tower, and whether they were being observed or not. They would, therefore, adjust their behaviour accordingly, in awareness that they could be observed at any time (Danaher, Schirato & Webb, 2000: xiv). Bentham’s Panopticon was described as an architectural construction, designed to produce “homogeneous effects of power” (Smart, 2002: 88).

3 Critiques here have called for a more contemporary theory of surveillance which considers, for example, that modern media technologies may now be more aptly defined by a synoptic relationship, wherein the many now watch the few, for example the “reverse panopticon” of the football stadium (see Fiske, 1993).

4 Adapted from a poster displayed by Rosi Braidotti at the Anna Maria Van Schuurman Centrum: Graduate School for Advanced Research on Women’s Studies, Utrecht, and cited in McNeil, M. (1993), Dancing with Foucault: Feminism and power-knowledge, p.147 & 169.

5 As Davies & Banks (1990: 48) detail here, the concept of positioning was first introduced by Smith (1998: xxxv), by distinguishing between ‘a person’ as an individual agent and ‘the subject’.
Chapter Four

Disordered Eating and Methodological Issues: Exploring subjectivities and schooling

“Dear Rachel,

It’s nice to hear from you. I’m doing good [...] So far I’m coping with being at home. It was helpful to me talking to you at Eastwood House, thank you for that.” (Lara, Lt)

“Dear Rachel,

It was lovely to hear from you and it would be great to do another interview to help you out with your research [...] Things have been ok, but it’s been tough at home eating. Hope to see you in the next few months for an interview, I enjoyed talking last time.” (Ruth, Lt)

“Dear Rachel,

Thank you for your letter [...] I am really pleased that I managed to help you with your research at Eastwood House [...] School is going ok. I have just had a week of exams and I have always got a lot of work to think about. I am coping ok, although it has been hard, but I knew it would be. I would love to have another interview with you.” (Vicky, Lt)

“Dear Rachel,

I am in receipt of your letter of 25th October 2004 and, subject to my daughter approving, I have no problem with the research which you are undertaking and, indeed, think it is an extremely sensible approach to the disorder. I would be happy to speak to you at some stage during your research.” (Mr Ashby, parent of Sophie, Lt)

“Hi Ya Rachel,

Thank you for the letter, I am fine and you are right, you have made friends. Anyway, what else can I say, of course I am ok to do another interview”. (Olivia, Lt)
The extracts presented on the previous page are from letters the participants sent to me in response to my written requests for their consent to partake in interviews and follow-up work. I open this chapter by sharing these extracts as I feel they point to some of the central themes that the second section of this chapter explores. My participant cohort was a vulnerable group\(^1\) and this has raised some particular challenges around working with young people who are experiencing disordered eating. It has thus required the development of a sensitive and innovative methodology, built upon researcher/researched relationships of trust, friendship and rapport.

The first part of this chapter outlines some of the key issues relating to the methodology and epistemology upon which the study draws. As outlined in the previous chapter, the study utilises a feminist post-structuralist framework, which offers a more complex and diverse understanding of the experiences of young women and girls, recognising these experiences, not as totalising, fixed or universal, but as differing across ethnicities, cultural backgrounds and social class. The chapter starts by giving an overview, therefore, of some of the epistemological and ontological assumptions of feminist methodologies, positioning the research methodology therein, for decisions about the methodology are shaped by the epistemology and ontology of the research. There is some overlap here and further discussion of some of the theoretical debates introduced in the previous chapter, although this is necessary in adopting a reflexive approach to the research that incorporates a dynamic relationship between the theoretical and methodological perspectives, which inform, not only each other, but the entire research process.

The second part of this chapter is concerned with the practical and ethical issues central to conducting the collection of the research data. It discusses, in more depth, the qualitative tools and techniques employed, and the issues which arose around developing a sensitive and reflexive methodology for researching with this vulnerable group at Eastwood House.
4.1 Towards Feminist Epistemologies: *Exploring feminist ways of thinking about social research*

“We believe that the power of feminism as theory, method and praxis, is its versatile ability to occupy multiple locations – centre and margin – all at once.”

(Lloyd, Few & Allen, 2007: 447)

In considering the methods and techniques used to gather data, of particular significance is our production of knowledge and understanding of the world, and our positioning as researchers in relation to our chosen methodology. In other words, our methodology, the questions we ask, and how we conduct our research (Macdonald, Kirk, Metzler, Nilges, Schempp & Wright, 2002: 133) is shaped by our epistemology; our concern with the nature of knowledge and inquiry - what can be known about the world, what constitutes knowledge, whose knowledge is considered valuable knowledge, and the relationship between knowing and being (Hall, 1996: 71). A feminist epistemology is a feminist theory of ‘knowledge’, central to and built around other important feminist academic activities: *theory and research* (Stanley & Wise, 1993: 5). In arriving at and adopting a particular feminist epistemology, however, some consideration is required into how this has developed, as feminist research, and the knowledge this has produced of and about the social world, has evolved itself, from other assumptions about research, knowledge and claiming truth. Particular conceptions of scientific method, inquiry and epistemology in the social sciences, suggest Ramazanoğlu & Holland (2002: 25), have built upon, and in contrast to, earlier scholarship and the European Enlightenment, which gave rise to the nineteenth and twentieth century thought on social research, and are still relevant to debates on feminist methodology today. Indeed, it is argued that some elements of feminist methodology and epistemology have developed out of feminist critiques of the traditionalist model of knowledge and the rationalist epistemology, which emerged out of Enlightenment thought. The following critique will be carried out in order to position the study and its epistemological framework within these debates.
4.1.1 In light of feminist epistemologies & methodologies: The feminist challenge to reason and traditional scientific inquiry

Since its development in the seventeenth and eighteenth centuries, Enlightenment thought has dominated scientific research and inquiry. An intellectual movement pursuing critical questions about ‘the abilities of rational men to think for themselves’ and advocating reasoning, thus, as the primary source and legitimacy for authority, the approaches of Enlightenment thinkers underpin what came to be commonsense ways of thinking in the West, and of establishing truths about the world and the people in the world (Ramazanoğlu & Holland, 2002: 25). The Enlightenment also laid the foundations of traditionalist thought, to which post-modernist and post-structuralist thinkers are largely opposed, as they reject a rationalist model of objective ‘truth’ as the only model of knowledge, troubling all aspects that were assumed to be “solid, substantial and whole – knowledge, truth, reality, reason, science, progress, the subject, and so forth” (St. Pierre & Pillow, 2000: 1). The Enlightenment can also be understood as “the culmination of the move away from the authority and dogmatism of the medieval, and the awakening of modernity” (Jones, 2009: para 3). There were many thinkers and philosophers associated with this period of intellectual ferment however, and I make no claim here of incorporating all of these (see Bloch, 2006; Taylor, 1999; Knott & Taylor, 2005). Indeed, there is not the space here to embrace the range and complexity of the many, and sometimes contradictory, strands of Enlightenment thought for it does not represent any absolute, unitary position. Instead, my review here is selective, rather than exhaustive, drawing on the debates I feel relevant and necessary, within which to position the study.

Feminist methodology and epistemology has developed from feminist critiques of traditional, rationalist scientific thought, where they have attempted to address the limits they identified, through the development of their own methods, which they thought more appropriate for social research. Indeed, one of the principals of feminist methodology has been identified as a need, which evolved to challenge the assumed scientific norm of objectivity, upon which Enlightenment epistemology is built. This dualistic, subject/object position incorporates a view of the object of research as separate from the subject (author) of the research; as the pursuit of an external true ‘reality’, thought to exist independently from the researcher. Personal, emotional or
grounded experiences are also seen as ‘unscientific’ from this perspective (Cook & Fonow, 1990: 72). Enlightenment epistemology rests, also, upon another, central dualism: rational/irrational and, since women have traditionally been associated with emotion and distanced from the reasoning traditionally associated with men, feminists have pointed out that the dualisms, which characterize Enlightenment thought, “have defined the feminine as inferior” (Hekman, 1987: 65).

‘Man’ was synonymous with reason and logic: the norm to which women could only aspire. Whereas ‘woman’ was defined as the ‘other’ and was seen to possess quite different qualities. (Hepworth, 1999: 27)

Dualistic thinking and binary structuring have become central to understandings of gender in Western society, and deeply embedded within Western science, with visions of masculine and feminine thought bearing some, or all, of the dichotomous attributes: rationality/emotion; activity/passivity; strength/frailty; man/Earth; aggression/care; mind/body; competition/co-operation; science/nature; public/private; speech/silence; aggression/caring; subject/object (Francis, 2000: 15). This binary organisation of meaning involves a process of centring, and of marginalising, of one, or the other, of the two terms as, in each pair, one is privileged above the other and assumed to be more legitimate or of more value than the other. From the positivist, objective position of Enlightenment epistemology, it is implied, therefore, that these gender relations and structures of power exist independently of our knowledge of them.

Women are viewed here, as such, as being ‘naturally inferior’ to men, with little potential of resisting or challenging this position, if the structures it outlines exist in ‘external reality’, and thus independently of them (Chin, 2006: 1). Of course, traditional scientific thought itself and the ‘science of reasoning’ born of the Enlightenment, with its emphasis on dualisms, objective claims and rationality, is also normatively viewed as masculine thought. Although explained, in part, through the relative absence of women within positivist, scientific disciplines over time - still evident to some extent today (see Blickenstaff, 2005; Watt, Higgins, Cooper, Cronin, Roger & Duffield, 1998), this suggests that, even the objective claims of scientific thinking itself, are gendered. The dominance of this particular mode of thought in the production of knowledge of, and about the world, and in terms of whose knowledge is considered to be valuable knowledge about the world, has made it difficult for
feminists to challenge the roots of scientific method and reasoning, and to establish authoritative knowledge of their own. It is an objective position which also simplifies and attempts to narrowly define the world, disregarding the social contradictions, complexities and varied experiences, which women describe within their personal and private social worlds (see Ribbens & Edwards, 1998). Feminism, nonetheless, has become an important, alternative way of creating knowledge from women’s perspectives, establishing women’s presence in the public sphere, and their participation in the development of social thought (Gornikowska-Zwolak, 2008: 42).

However, the challenge will always remain, perhaps, for feminists to establish authoritative knowledge which critiques previous ‘male-centred truths’; is considered valid knowledge in the eyes of the world; and yet does not conform to the very ‘truths’ and ‘values’ it is attempting to confront.

The previous chapter discussed the tensions which arise around the application of post-modern or post-structuralist thinking - which ultimately rejects all universals - to feminist research which is based, ultimately, upon a universal assumption about women and men. Feminist critiques of epistemology, and the tensions which have emerged between feminist epistemologies, are built up, similarly, around these issues. Written over 20 years ago, although still integral to discussions of feminist epistemologies today, Harding (1987: 182) outlines a framework of alternative feminist positions, identifying three main approaches that feminists have developed and used. These are: Feminist Empiricism; Feminist Standpoint Theory and, developing more recently, Feminist Post-Modernism. Most relevant to the epistemological positioning of this study, issues of, and relevant debates in and around, feminist standpoint theory and feminist post-modernism, will now be explored and discussed.

4.1.2 Feminist standpoint theory

Feminist Standpoint Theory is an approach, which has emerged as the epistemological underpinning of the political emphasis upon the inclusion of women’s conditions, varied experiences and understandings of women themselves (Alvesson & Sköldberg, 2000: 212), (although debates do remain over whether it is indeed epistemology or theory; neither or both). With its origins in the work of Sandra Harding conducted in
the 1980’s, feminist standpoint theory has represented a novel epistemology, attempting to ground research in the ‘truths’ embodied in women’s experiences (Hawkesworth, 1999: 135) rather than in knowledge claims made through science and reason. The endeavour here is thus to view women as the actors and knowers of their own realities, rather than as the objects of study and research. The unique standpoint of women and their experiences acts as the starting point, therefore, and provides a basis for grounding knowledge. There are different versions of feminist standpoint theory, as it comes in a variety of forms, and the perspective also attempts to recognise the multiple standpoints from which knowledge for women may be produced, and the dynamic complexities in society that they face (see Reynolds, 2002). Standpoint research fosters the hope of “telling better stories about gendered lives” and, in the struggle to improve upon feminism’s Enlightenment inheritance, provides some variation of theory on gender and power, and conceptions of feminist knowledge, reality, gendered social existence and experience (Ramazanoğlu & Holland, 2002: 64). Although this position represents a step away from scientific method and inquiry, it does not abandon it completely, and thus remains in tension with some particular assumptions of Enlightenment thought. Indeed, researchers taking a standpoint position may agree that there is a world in which observed phenomena may be agreed upon, yet, the more salient issue for them, lies with who, and to whom, the permission and authority to identify, define, interpret and act upon these phenomena, and the methods they use to do so, is granted (Mathison, 1997: 149). As an approach, feminist standpoint has been useful within research seeking to document the collective experiences of women within inequitable structures (Welford, 2007: 98, see also Martin, Reynolds & Keith, 2002; Sosulski, 2009); also, more recently, to explore the stories they tell about their socio-historical experiences, and how they articulate their identities, through their experiences (see Manoogian, Walker & Richards, 2007: 567; also Kronsell, 2005). By “initiating the discussion of situated knowledges”, outlines Hartsock (1997: 342), feminist standpoint has succeeded in incorporating women’s experiences and linking this to a theory of knowledge. In its development, the position has also been reformulated and adapted to criticisms, over time (see Richardson & Taylor, 2009) she continues, thus, during the course of these arguments, making “an indispensable contribution to feminist theory”.

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Feminist standpoint theory has received much criticism on a number of grounds however, and is also now considered, by some, to be something of a less sophisticated relic of feminism’s past, largely due to its reliance upon Marxist theories (Hartsock, 1997: 341-342). Its development has also emerged through work by Nancy Hartsock (1983a; 1983b), where she has drawn explicitly upon Marxist thought using examples of labour, women and work, to illustrate the view that women are better positioned than men to see the inequalities of the gendered social world. From the vantage point of their experiences of subordination, women are thus accorded something of an “epistemic privilege” in terms of their standpoint as they are/have been situated within the social world (Conway, 1997: 62).

In developing the epistemology and methodology for this study, although it is appealing to integrate the standpoint of the participants - they are a group of young women and girls - I did not choose to adopt this epistemological position. The principal reason for this, as outlined in the previous chapter, was my desire to explore the diversities of the participants’ experiences, for example, in terms of class and ethnic differences, as well as gender, rather than adopting any universal notion of women and girls. Indeed, critiques of feminist standpoint theory have suggested that it is unable to meet the challenge of difference, in that it makes the assumption that the subordination of women is unitary, or that all women identify, primarily, as women, rather than as members of any other subordinated societal groups, such as those based on ethnicity, sexuality or class. Indeed, not all women/research participants may share the same perspectives upon the (gendered) dimensions of their social lives (see Lewis, 2007) yet, to assume that any universal female standpoint can exist, is to conceptualise ‘all women’ as a generic category. As Flax (1990: 56) suggests however, none of us can make a stand to speak for all women, because no such person exists, except within a specific set of (already gendered) relations – in relation to ‘man’, and also to many other, diverse and different women. Any all-encompassing, universal notion of womanhood may also, as such, potentially marginalize other social struggles, such as those emerging around issues of ethnicity and class, which may be more central to some women and their lives. Indeed, this study has aimed to recognise the importance of gender, but also the ways in which this is mediated by other categories such as ethnicity and class. Disordered eating, itself, has emerged
across socio-cultural contexts which are mediated by these other social factors and thus needs to be considered within such complexities.

To date, there is a body of literature which has attempted to counter these criticisms of feminist standpoint theory. This includes research which proposes a “multi-cultural standpoint”, through which a variety of marginalized standpoints are to be embraced, theoretically (see Harding, 1992; 2004), and research which has attempted to extend standpoint theory, as a feminist epistemology, in light of this, and other critiques (see Egeland, 2005; Harding & Norberg, 2005; Pinnick, 2008). However, the issue of difference appears to persist as a central tension within this position, nonetheless, as well as a central debate within feminism (see Flintoff, Fitzgerald & Scraton, 2008). The challenge remains for feminists to develop concepts and tools of analysis that do not pre-suppose any standpoint given by the categories of ‘woman’ or ‘women’ (Egeland, 2005: 268), whilst still remaining sensitive to gender issues.

Other criticisms of feminist standpoint theory point to it as reinforcing the simplistic associations of men with masculinity and women with femininity, and thus reproducing dualistic thinking rather than challenging it. Flax (1990: 56) also suggests that the position re-focuses the debate onto relations of domination, which not only view women as totally innocent of power, and as passive beings, thus overlooking the areas of social life in which women may, and do have, and exert power, but also their potential situation and participation in other relations of domination, such as those rooted in ethnicity, sexuality and class. As the theoretical framework outlined in Chapter Three describes, within this study I have opted, instead, to draw upon a notion of power as a process, rather than any linear notion of power through which women are universally ‘oppressed by patriarchy’. This concept works to explore the gendered complexities of power relations, produced through different discourses, between women, as well as between women and men, as will be discussed further in section 4.1.3.

A feminist standpoint theory argues for a ‘truer’, more ‘objective’ representation, therefore, as determined by the politics of location. It offers an epistemology of situated knowledge with a privileged standpoint (Farkasova, 2005) via the inclusion
of those oppressed by patriarchal systems, as it is assumed that dominant groups are especially poorly equipped to identify oppressive features of their own beliefs and practices (Harding, 2004). However, it is not conceivable to assert any ‘best-possible’ epistemic view, critiques of this theory have outlined (Pinnick, 2008: 1059), or any more ‘objective’ understanding, and indeed this is another issue central to the decision not to adopt feminist standpoint within this research, as the research takes a particular interest, itself, in the different ways in which knowledge (about the body and ‘health’) may be produced. Debate still abounds, therefore, about this and other aspects of feminist standpoint. In one sense, such an epistemology has provided some powerful and particularly appealing positions for feminists in social research, developing a methodology which has succeeded in incorporating women’s lives and experiences within some alternative, but generally considered valuable, epistemology. Indeed, as Smith (1997: 395) suggests, feminist standpoint theory, “beginning in women’s experiences, told in women’s words was, and is, a vital political moment in the women’s movement” (Smith, 1997: 394). In another sense, however, the position has also provided some of the weakest and potentially problematic positions on research, as critiques have outlined. Furthermore, feminist standpoint theory has also been unable to meet some of the theoretical challenges proposed by post-modern and post-structuralist thought, which will now be discussed and outlined in the following section 4.1.3. Feminist standpoint theory and post-structuralist theory are two approaches, suggests Houle (2009: 172), which are “very different, even seemingly in-commensurate critical responses to certain anti-democratic, anti-justice, and possibly anti-life features of classic epistemology”; “it is unusual to find these two perspectives in dialogue”.

4.1.3 Feminism, post-modernism and post-structuralism

“If we do our work well, reality will appear even more unstable, complex, and disorderly than it does now.”
(Flax, 1990: 57)

The central epistemological features of feminist post-modernist and post-structuralist frameworks have emerged largely in contrast with the central assumptions of feminist standpoint epistemologies. Feminist post-structuralists reject, entirely, the notion of universals, or of any totalizing, essentialist concepts, challenging any fixed social
constructs or categories of gender, therefore, or the notion of any essential ‘male’ or ‘female’ reality/essence. Viewing our understandings of ‘gender’, instead, as socially and culturally constituted categories, the feminist post-structuralist approach denies any possibility of access to one single, objective version of ‘reality’ or of ‘women’s experiences’. This is thus the framework that is adopted within this research as, given the theoretical positioning of feminist post-structuralism, it opposes the notion of any one single, privileged ‘female’/feminist standpoint, embracing, instead, the diversity of women (and men), and the understanding of a variety of contradictory and often conflicting standpoints – none of which should be privileged. Indeed, if feminist research is to begin with, and remain focused upon, women’s experiences, suggest Scraton & Flintoff (1992: 174), then it is important to recognise difference, thus, epistemologically, they suggest, “there must be a plurality of ‘feminist standpoints’ which need to be acknowledged within feminist research”. Post-structuralists make no attempts and no claims to the possession of any ‘truer’, ‘more authentic’, less biased or more neutral knowledge, as, the central, theoretical aim of post-structuralism is concerned with recognising that such knowledge does not exist. Instead, the theory is concerned with the reflexive awareness of the constitutive power of language, which is made possible through post-modern and post-structuralist frameworks (Davies, 1997: 272).

Post-structuralist theories can be used to examine the social ‘realities’, ‘truths’, functions and effects of any social structures we have created within society, “including any structures that post-structuralism may create” during this analytical process (St Pierre, 2000: 479). Seeking to break with the traditional, universal notions of subject/object, and rigid conceptions of epistemology and ontology, it is a perspective that has rocked the very foundations of social research and, of feminist research. “The impact of post-structuralism on feminist thinking”, suggest Skelton & Francis (2005: 5) “has been quite profound and not least because of the questions and challenges it creates for feminism”. It is a theoretical framework which has been adopted by a number of feminists as well as being drawn upon within this research. Credited as a valuable theory for examining epistemology and practice, it is a radical theory which has offered the potential to engage with, and to explore the complexities of difference, knowledge and power (Skelton & Francis: 2005: 5). Post-structuralist
frameworks have offered us insights into the nature of the relationship between knowledge-and-power, describing power as something which is not unitary or possessed, but is negotiated in multiple ways and viewed as a language-based process, which is omnipresent, yet situated, concentrated and complex. In this way, post-structuralism offers us a framework, instead, in which women are positioned as diverse subjects in the complex constitution of their social worlds, rather than as universally oppressed and fixed within some monolithic, external, and totalising power.

The rather radical nature of the post-structuralist approach, however, means that it is also considered somewhat controversial (Thwaite, 2004: 2). Indeed, there is some disagreement between feminists as to its usefulness for feminist theory and practice (McLaren, 2002: 1). As discussed and outlined in Chapter Four, the debates which have emerged here, are built up around, and expose, some of the very tensions and questions central to feminist research: does a theory which relies upon deconstruction and the celebration of difference undermine the political role of feminist research, since, “without some degree of epistemic unity, it is difficult to propose political action”? (Rich, 2002: 99). In this sense, can we use this framework effectively in feminist research, since it deconstructs the very ‘truth’ narratives upon which feminist research is based? (Francis, 1999a: 381). I can only explore these debates within this research and work to position the study within the caveats they outline.

In terms of theory, practice and the selection of research methodology for feminist research, other feminist debates around the use of post-structuralism include issues around embodiment and the materiality of women’s lives. In one sense, some feminists may acknowledge the utility of the approach, and its focus upon the ‘meanings’ and inscriptions of language and the investments of ‘knowledge’ and power that become attached to ‘the body’. Exploring how this may offer compelling accounts of how social and cultural forces are productive and constitutive of ‘the body’ is, indeed, the preferred approach within this research, wherein the notions of ‘body’, ‘their own bodies’ and ‘health’ that the participants shared, are central to the study. The study views ‘the body’ as constructed, disciplined and understood within and through linguistic frameworks of ‘meaning’ or discourse, working to highlight
both the power of these discourses in shaping ‘the body’ and constituting subjectivity, for the participants, but also the possibilities of working to challenge and de-centre these discourses (McLaren, 2002: 83). The study has adopted a qualitative methodology, therefore, incorporating a range of tools and techniques designed to offer the participants the space in which to share and reflect upon the meanings they construct around ‘the body, weight and health’, at school, and across other social contexts of their lives. These qualitative tools and techniques include semi-structured interviews, focus groups and a range of activity-based tasks selected, also, to offer the participants a variety of media through which to share their experiences and express their views, both individually and in groups. The second part of this chapter (section 4.3) will focus upon the development of this methodology, and the data-gathering tools used.

Although useful for many, other feminists have criticised post-structuralism’s conception of the body, however, describing it as an approach which tends to overlook the body’s “fleshliness”, and thus “privileging the figurative things that make us subjects (like norms, codes, languages and discourse), over the literal things that make us subjects (like skin, bone, blood and tears)”, therefore, such an abstract, theoretical approach can be seen, in many ways, to “disembody the body” (Lafrance, 2007: 265). In methodological terms, this can also point to a certain lack of ‘practical validity’ for some feminist researchers, particularly in relation to the materiality of women’s experiences, their bodies and lives. It is also an approach which, perhaps, can overlook the emotions of the body and of embodied experience. This is an issue which will be discussed and expanded upon further, in section 7.4.2 of Chapter Seven.

4.1.4 Towards feminist epistemologies: Positioning the study within these debates

As detailed and outlined in Chapter Three, this study does draw upon post-structuralist insights. It utilises this theoretical framework, attempting to develop a feminist epistemology from which I can not only critique the gendered aspects of our social world(s) by exploring the complex and multiple subjectivities of the participants as they negotiate their social lives, within and outside the schooling institution, but also continually critique the research process itself, and the role of feminist research. As the data have been generated from the schooling experiences of
a cohort of young women and their detailed accounts of these experiences, the participants are placed at the centre of the research in an attempt to gain a more complex understanding of the features of their schooling experiences they identify. Attempts are made here to recognise the diversity and multiplicity of their experiences, whilst simultaneously acknowledging the wider social and political structures within which they are positioned.

4.2 Towards Feminist Methodologies: *Exploring feminist ways of doing social research*

Feminist methodologies and the methods, tools and techniques used to gather data, are informed by the epistemological presuppositions of the research. In this sense, this focus upon the nature of knowledge, and our position in relation to this, is central to the techniques and tools we adopt, for collection of data and analysis of data within feminist social research. The relationship between epistemology and methodology leads us to acknowledge, therefore, that there is no, one, feminist method which is superior, but that feminist perspectives enter into feminist methodologies and the latter into the former, thus dictating how feminist research does, and should, proceed. Since feminist researchers aim to explore and to challenge existing gender inequalities in society, some may do social research in different ways from other researchers. Debate abounds, however, as to whether there is, or should be, some universal feminist method (Stanley & Wise, 1990; Kelly, Regan & Burton, 1992; Kelly, Burton & Regan, 1994) or even any particular distinctive set of feminist methodologies unique to feminist researchers, as there are a multiplicity of research methods used by feminists in social research. “A methodology that embodies a feminist orientation” however, suggests Crotty (1998: 177), “is essentially different from a methodology that does not, even if the methods it selects and shapes, look to be the same”.

Discussions by feminist researchers, who do advocate particular methodological features of feminist research, identify related themes thought to loosely define feminist methodology. These include issues of reflexivity, reciprocity, relations with ‘subjects’, representation and voice, particularly in relation to concerns around power (Monk, Manning & Denman, 2003: 91). With the fundamental aim or outcome of feminist research aligned with attempts to explore, challenge and change gender bias
in society, a central theme of feminist research methodology, suggest some, is to allow women’s experiences (as lived, shared and interpreted by women) to be the central subject of social research (Better, 2006: 1), developing a feminist sociology, therefore, which is not only on, by, and about, but “especially for women” (Stacey, 1996: 88). Other important themes identified within discussions of feminist methodology include awareness of the power dynamic with regards to the relationship between the researcher and the researched, and of structural inequalities within the research setting (Blackmore, 1996). In light of this, it is hoped, therefore, that attempts can be made to “reduce the hierarchical relationship between researchers and their participants”, in order to facilitate trust, disclosure and rapport (Campbell & Wasco, 2000: 773). “Feminist interviewers largely seek relationships, which are non-hierarchical and non-exploitative”, suggest Arksey & Knight (1999: 12), although opinions vary on how best to translate these ideals into research practices. This has proved an essential feature of feminist methodology, for some feminist researchers (e.g. see Mendis, 2009; Peters, Jackson & Rudge, 2007) as this treatment of participants as valued and equal contributors is a notion which would empower women, suggests Mendis (2009: 379). It is also important in terms of creating an environment in which the participants feel comfortable sharing their personal information, particularly when collecting rich data of a sensitive nature (Ibid.: 377). Of particular significance for many feminist researchers, with regards to a feminist methodology, is also that attempts are made, within written accounts of feminist research, to locate the feminist researcher within their research. This is a theme which has developed in line with feminist critiques of positivist social scientific inquiry and the assumption, therein, that social research, and social researchers can be ‘value-free’ (Mendis, 2009: 377). Some feminist researchers attempt, therefore, to highlight and consider the position of the researcher and their embeddedness within the research as a central and essential part of the research process; as is the position adopted within this study. The methods and methodologies used by feminist researchers do vary widely however; there is no rigid ‘set of rules’, tools, or techniques. Feminists draw upon a diversity of approaches in the production, utilisation and critique of subsequent knowledge in their research. This may also involve the adaptation of existing methods and techniques, in line with the epistemological aims and assumptions of their own social research (see Maynard, 1994). The implications of
some of the features and themes highlighted here - particularly the positioning of the researcher within the research and issues of reflexivity, will be addressed throughout the rest of this chapter, and then re-visited in section 7.6 of Chapter Seven, with regards to the methodological framework used throughout this feminist study.

4.3 Gathering Data: *Tools for Collection*
In selecting an appropriate research method for the study, my concerns emerged around, not only the feminist aims, epistemology and post-structuralist theoretical framework of the research, but also the ontological positioning of the study and, fundamentally, the practical and ethical considerations of doing research with young women currently in treatment for disordered eating. I needed particular tools and techniques and a methodology which would be sensitive, not only to the complexities of individual lives and social context, but also to the vulnerability of those lives, and the young women living them. Also, like Saukko (2008a: 77), when I initiated data collection with these young women I wanted, as she defines it, “in a hermeneutic feminist spirit” to listen carefully to, and do ‘justice to’ their voices yet, at the same time, I also wanted to critically analyse what they were saying, as regards the discourses in which they were positioned at school. This was a particularly important and delicate consideration, I felt, particularly as those who are defined as ‘eating disordered’ have traditionally been positioned as irrational within medical and psychological discourse, with approaches often working to ‘fit’ their words into predetermined theories (See Saukko, 2000; 2008a; Burns, 2003). In attempting to address this paradox, I needed research tools, thus, which I could use to collect rich and in-depth data, and to explore the multiple, complex and often contradictory voices of my research participants, whilst also attempting to remain reflexively aware of my own situatedness within the research. I therefore employed a “multi-method” approach (Baxter, 2003: 86) which involved immersing myself in the participants lives for several weeks (primarily to build trust, rapport and understanding) whilst utilising a number of qualitative tools and techniques to explore what they had to say about their lives at school and at home. During this time I also reflected on the research process, my own thoughts and feelings, and my own embeddedness in the research, by writing about this daily in a research diary. The data collected for this study, I assumed, would also often be sensitive data, as the majority was to be
collected within a sensitive, often emotive research field: *Eastwood House*, a treatment centre for disordered eating. Semi-structured interviewing has been used as a central tool within a lot of feminist social research, which has aimed to put women’s personal experiences at the heart of that research, and I chose to use in-depth semi-structured interviewing, in line with the feminist orientations of the study (see Arksy & Knight, 1999; Ribbens & Edwards, 1998). In addition to this, the methodology also included a number of activity-based tasks – e.g. diary writing (Oliver & Lalik, 2000), poster making, emails and focus groups, designed in line with growing trends in youth studies, to encourage the active involvement of the research participants, in the generation of data (see Oliver & Lalik 2000; 2001; 2004; Christensen & James, 2008). Before proceeding to debate, describe and discuss these methodological tools and techniques I have employed for data collection, however, I will attempt to provide a little more background upon the research field in which this research process was situated, and the research participants who have been involved in the research.

### 4.3.1 Background to the research: *The participants, the context and the field*

First of all, it is important to note that this PhD constitutes the second stage of a research study, which some of my colleagues had commenced and previously conducted at the same treatment centre for disordered eating. Obviously, the process of my data collection has therefore been informed, in some ways, by this first stage, as I was able to speak to the previous researcher about her experiences and to gain a little insight from this, prior to my own emersion within the research field. As the second stage of this research project, therefore, the main cohort of participants was selected from the same field as the first stage, and this was a residential treatment centre in the UK for young people diagnosed with ‘eating disorders’. For the purpose of this research, and in line with the confidentiality and anonymity of the study, this treatment centre has been referred to throughout, as: *Eastwood House*. For the same reasons, all of the participants are also referred to by their pseudonyms, throughout. Eastwood House is a treatment centre offering specialist care for young people experiencing disordered eating. They are referred to the centre either privately or as NHS referrals. The centre accepts those between the ages of 8 – 20 years, and provides a treatment programme which includes therapy, target weights and goals around re-feeding. The centre provides subsidiary schooling as well as activities and
Outings on weekends. The length of residency for young people varies between 10 - 26 weeks, depending on their required weight re-gain.

Heard within the study are also the voices of some of the young people’s parents and three of the resident teachers at Eastwood House. These teachers have been given the following pseudonyms, which are used to refer to them throughout the study: Mr Sheldon, Mrs Gibson and Mrs Bailey. My reasons, first of all, for selecting to involve some of the parents within the research, emerged in line with one of the research questions. This was to investigate how the social practices and meanings about ‘the body, weight and health’ in other social contexts, outside of the participants’ schools, may be intersecting with school cultures. Conducting semi-structured interviews with some of the young people’s parents enabled me to learn a bit more about their home contexts, to explore the ways in which ‘health’ messages were being interpreted at home and how the discourses here were shaping what the young people were bringing into school contexts. My interest was in the pedagogies of ‘health and the body’ evident within the young people’s families, and the socio-cultural and economic resources available to them, to make sense of the various ‘versions’ of health to which they were exposed.

By including the teachers’ voices in the study, I was hoping to learn a little more about the young people’s history. Also about these teachers’ views on mainstream schooling in relation to disordered eating, particularly in terms of the transition for young people when the time came to leave Eastwood House and go back to school. I was also interested in their thoughts about mainstream schooling, the impact of exams, or anything else they noticed during the time they spent teaching the young people at Eastwood House.

**Issues of Safety and Ethical Clearance**

As I was to be working with a cohort of participants considered to be a vulnerable group, ethics were a particular concern when planning and carrying out the collection of data for this study. Careful consideration of ethical issues was therefore a significant requirement, including those such as participant confidentiality and safety, informed consent for both parents and young people participating, and also the
development of a sensitive methodology. All participants, including parents, young people and teachers, were required to give informed consent before partaking in the study (a copy of the Informed Consent Form used, is shown in Appendix A). A meeting before the commencement of any research at Eastwood House was also therefore held with the psychologist in residence there, during which we were warned of any potential complications, and had the opportunity to discuss the research methods we were planning to use. Ongoing support, throughout my stay at Eastwood House, was also offered by the resident psychologist, and I was informed that I could report to her if any issues or concerns were raised (although none were). Before it was agreed that the research could take place, it was also required that ethical clearance was granted by the university. In spite of our desire to ‘do ethics right’, however, suggest Halse & Honey (2005), certain issues may arise between our desire to comply with institutional ethics policy and our commitment to being morally and ethically responsible to our research participants (see Halse & Honey 2005; 2007). These issues, in line with my own experience, once immersed and working within the field, will be discussed further on in section 4.5 of this chapter.

Selection and Participation

It was hoped that a range of young people, with regards to social differences in ethnicities, class, gender and culture, would be available to take part in the study, particularly as we would not wish to further marginalise any minority groups who may already be struggling for acknowledgement of their experiences of disordered eating (see Langley, 2006). However, reflecting broader demographic trends in the occurrence of disordered eating (see Doyle & Bryant-Waugh, 2000), no males were available to participate at the time of data collection, and all of the participants who were resident at Eastwood House at the time, were white, able-bodied females between the ages of 12 – 20 years. One male was resident there, briefly, at the beginning of my stay, but he left before data collection had fully commenced. In terms of schooling, five out of the seventeen participants attended what might be described as high status all girls’ grammar or private boarding schools; seven attended high schools; two attended secondary schools; one attended Catholic school; one a sixth form college; and one a language college. The social class composition of my participant sample was heavily skewed towards those whose parents or guardians are
defined by the Office Of National Statistics, National Statistics Socio-Economic Classification (NS-SEC) (see http://www.ons.gov.uk/about-statistics/classifications/current/ns-sec/index.html) as working in ‘Managerial and professional’ occupations. The following figures illustrate the percentages of the parental/guardian occupations, of the participants in my sample, which fell into each of the social class classifications, as defined by the NS-SEC:

- Social Class 1: Higher Managerial and Professional Occupations (29.4%)
- Social Class 2: Lower Managerial and Professional Occupations (41.2%)
- Social Class 3: Intermediate Occupations (17.6%)
- Social Class 5: Lower Supervisory and Technical Occupations (5.9%)
- Social Class 8: Never Worked and Long Term Unemployed (5.9%)

The challenges of defining and devising social class, however, can be much more complex than measuring this only in terms of parental occupation and indeed, even the basis for defining social class by means of occupation, itself, has never been explicit (Chandola, 2000: 641). Within this study therefore, I acknowledge the difficulties of exploring particular social categories, which are difficult to conceptualise within sample groups. The complexities of this have also been registered through my interactions, conversations and in-depth interviewing with the participants, which have pointed to some of the broader demographic influences upon these processes. Ruth, for example, one of the participants whose parents are classified in the NS-SEC as above, as working within ‘Lower Supervisory and Technical Occupations’, attended a local Grammar school for girls and also demonstrated what might be described as a ‘habitus’ of the ‘middle-class’ - if we are to draw upon Bourdieu’s (1977) notion of ‘habitus’ that describes a concept of the ways in which individuals ‘become themselves’ by developing attitudes and dispositions, and the ways in which those individuals engage in social practices (Webb, Schirato & Danaher, 2002: xii). During interviews and focus groups therefore, Ruth’s narratives pointed to a number of the values she held about her ‘self’, her ‘health’, her career aspirations and academic work at school, which could be described as a ‘habitus of the middle-class’. My reading of ‘social class’ within this
research therefore, has been approached through participants’ parental occupations, the social class context of individual schools and also through the formation of individual subjectivity within the class contexts of those schools and family cultures. In this sense, I did not approach the qualitative data with a typology of class, but explored how economy/climate/class distinctions come to bear upon the participants’ subjectivities and their understandings of their ‘bodies/weight/health’.

The selection process for the participant sample progressed randomly, with the choice to take part in the research or not, left down to the young people themselves. Once arriving at Eastwood House for the first time, I achieved this by passing introductory letters/information sheets around the classroom where they had their schooling on week days. These sheets explained a bit about myself and why I was there; provided an outline of the research and, broadly, in simple terms, the issues I was hoping to explore. They included a bit about the confidentiality and anonymity of the research, and then finished by asking whether anyone wished to take part in interviews, focus groups and activities (see Appendix B for a copy of one of these Information Sheets for Participants at Eastwood House). Some young people volunteered to take part straight away. Others were recruited to the study at a later date as I began to get to know those in residence there, and we had all became a little more familiar with each other.

In the first phase of the study I carried out all of the data collection at Eastwood House. During this phase, seventeen young women took part. All of these girls were experiencing disordered eating at the time of study and were at different stages of treatment/recovery. All participants had been diagnosed with ‘anorexia’, some also with ‘bulimia’. Obviously, for all of the participants this was with sufficient severity to have warranted residential treatment and care. The relevant details pertaining to the participants (the young people and their parents) who took part in the study are outlined in the following Table (1). Demographic Information for Participants, including brief details on the issues the young people were experiencing, such as over-exercising and restricting food intake. The social class classification, determined through the young people’s parental/guardian occupations, as derived by the NS-SEC, is also included. For the purposes of anonymity and confidentiality however,
information detailed here is kept as brief as possible, so as to avoid revealing too much about the participants’ identities. Following general demographic trends at Eastwood House, all participants were white/Caucasian, UK residents at the time of data collection.

Table (1). Demographic Information for Participants

<table>
<thead>
<tr>
<th>Pseudonym and Parents’/Guardians’ Pseudonyms</th>
<th>Age</th>
<th>(NS-SEC) Parental/Guardian Social Class Classification</th>
<th>Type of School</th>
<th>Brief Biographical portrait</th>
<th>Follow-Up?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Olivia Mother: Mrs Johnson</td>
<td>16</td>
<td>Social Class 3: Intermediate Occupations</td>
<td>High School</td>
<td>Bulimia and/or Severe food restricting. Moderate over-exercising.</td>
<td>Yes, by interview and diary.</td>
</tr>
<tr>
<td>Jane</td>
<td>15</td>
<td>Social Class 2: Lower Managerial and Professional Occupations</td>
<td>High School.</td>
<td>Severe over-exercising. Severe food restricting.</td>
<td>No, was still in treatment.</td>
</tr>
<tr>
<td>Kate</td>
<td>13</td>
<td>Social Class 8: Never Worked and Long Term Unemployed</td>
<td>Catholic School</td>
<td>Moderate over-exercising. Food restricting.</td>
<td>No, was still in treatment.</td>
</tr>
<tr>
<td>Claire Parents: Mr &amp; Mrs King</td>
<td>16</td>
<td>Social Class 2: Lower Managerial and Professional Occupations</td>
<td>High School and Sixth Form College.</td>
<td>Severe food restricting. Severe over-exercising. Bulimia.</td>
<td>Yes, by interview, email, and diary.</td>
</tr>
<tr>
<td>Pseudonym and Parents’/Guardians’ Pseudonyms</td>
<td>Age</td>
<td>(NS-SEC) Parental/ Guardian Social Class Classification</td>
<td>Type of School</td>
<td>Brief Biographic al portrait</td>
<td>Follow-Up?</td>
</tr>
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</tr>
<tr>
<td>Tracey</td>
<td>15</td>
<td>Social Class 2: Lower Managerial and Professional Occupations</td>
<td>High School</td>
<td>Severe food restricting. Over-exercising. Binging.</td>
<td>No, had left EH before end of 1st phase of data collection.</td>
</tr>
<tr>
<td>Gemma</td>
<td>17</td>
<td>Social Class 1: Higher Managerial and Professional Occupations</td>
<td>All girls private Boarding School</td>
<td>Food restricting. Very severe over-exercising.</td>
<td>No, had left EH before end of 1st phase of data collection.</td>
</tr>
<tr>
<td>Stacey</td>
<td>14</td>
<td>Social Class 2: Lower Managerial and Professional Occupations</td>
<td>Language College</td>
<td>Severe food restricting. Severe over-exercising.</td>
<td>No, had left EH before end of 1st phase of data collection.</td>
</tr>
<tr>
<td>Anne</td>
<td>13</td>
<td>Social Class 2: Lower Managerial and Professional Occupations</td>
<td>Secondary School</td>
<td>Food restricting. Moderate over-exercising.</td>
<td>No, had left EH before end of 1st phase of data collection.</td>
</tr>
<tr>
<td>Pseudonym and Parents’/Guardians’ Pseudonyms</td>
<td>Age</td>
<td>(NS-SEC) Parental/Guardian Social Class Classification</td>
<td>Type of School</td>
<td>Brief Biographical portrait</td>
<td>Follow-Up?</td>
</tr>
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</tr>
<tr>
<td>Sophie</td>
<td>17</td>
<td>Social Class 1: Higher Managerial and Professional Occupations</td>
<td>Mixed private boarding school.</td>
<td>Food restricting and bulimia. Very severe over-exercising.</td>
<td>No, had left EH before end of 1st phase of data collection.</td>
</tr>
<tr>
<td>Father: Mr Ashby</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother: Mrs Jones</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lara</td>
<td>15</td>
<td>Social Class 1: Higher Managerial and Professional Occupations</td>
<td>All girls private school.</td>
<td>Severe Bulimia. Severe over-exercising and food restriction.</td>
<td>Yes, by follow-up interview.</td>
</tr>
<tr>
<td>Mother: Mrs Jones</td>
<td>15</td>
<td>Social Class 1: Higher Managerial and Professional Occupations</td>
<td>All girls private school.</td>
<td>Severe Bulimia. Severe over-exercising and food restriction.</td>
<td>Yes, by follow-up interview.</td>
</tr>
<tr>
<td>Cassandra</td>
<td>17</td>
<td>Social Class 1: Higher Managerial and Professional Occupations</td>
<td>High School</td>
<td>Very severe food restricting. Severe over-exercising.</td>
<td>No, had left EH before end of 1st phase of data collection.</td>
</tr>
<tr>
<td>Parents: Mr &amp; Mrs Wood</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Follow-Up Work and Working with Parents

The second phase of data collection comprised of follow-up work with some of the participants, after they had been discharged from Eastwood House. To do this, I visited them in their family homes. By conducting follow-up work, the study built upon the principles of a longitudinal approach, which was useful as it allowed for the opportunity to explore the participants’ narratives whilst they were away from school during treatment, and then, once again, after they had returned to school. In total, five participants took part in follow-up work. As previously, I left the decision to participate here, or not, down to the participants themselves. There were some limitations here, however, and other reasons contributing to whether or not the participants could be involved in follow-up work. These included participants who were unable to, either because they were still in treatment and had not returned to school by the time the research had reached the second phase; they had already left Eastwood House some time before the first phase of data collection had ended; or they had been re-admitted to Eastwood House at this point, due to a relapse in their weight gain.

Whilst carrying out follow-up interviews with the participants at their homes, I also interviewed some of their parents. In total, six of the participants’ parents took part (either both their Mother and Father or just one of their parents). In line with the ethical guidelines which the study followed, I had provided consent letters to be sent out to the parents of all the young people who were resident at Eastwood House, prior to the commencement of any data collection. The purpose of these letters being to inform the parents about the study and to request their permission for their child to take part, if their child so wished. I had therefore also taken this opportunity to invite the parents to participate as well, and a small number had replied to me in writing, to confirm that they would like to be involved. Following this however, during the second phase of the research, once I had built up relationships with some of the participants, a few more of their parents also volunteered to take part in interviews. I feel that one of the reasons behind this was that the participants, themselves, had asked their parents to be involved during my follow-up visits. The participants who took part in follow-up work, and also those whose parents were interviewed, are
shown in Table (1). Demographic Information for Participants on the previous pages.

Data collection with the parents relied entirely on semi-structured interviewing. Prior to beginning an interview with each of the parents I talked to them a little about my research, and provided them with a basic information sheet/introductory letter (see Appendix C for a copy of one of these Information Sheets for Parents). I also found that much informal conversation about disordered eating tended to arise between the parents and I, prior to, and following the interviews.

Follow-up work with the younger participants also relied largely upon semi-structured interviews, although I found continued use of some of the activity-based tasks and techniques commenced in the first phase, to be rewarding here; it was an inductive and iterative process. This included diary writing, in particular, and provided the opportunity for me to collect the notebooks I had given the participants to use as diaries, during the first phase. This then also generated some discussion during the follow-up interviews, as we talked about some of the things they had written in their diaries.

Three of the participants also requested to continue correspondence with me via email, and so I used this medium as an opportunity to proceed to explore, probe and expand upon any themes I had identified as beginning to emerge within the first phase of data collection, as was my aim throughout all of the follow-up work. Correspondence via the emails took an informal, friendly approach and I found that the participants involved would often write to me about genuine concerns, detailing their thoughts and feelings on various issues they were experiencing, mainly at school. All of them confirmed that they would be happy for me to include these emails in the study. The purpose of all follow-up work was also to listen to and explore the participants’ experiences of returning back to formal education as well as the informal environment of their families, after leaving Eastwood House, particularly as ‘going back to school’ had already emerged as a significant theme for many of them during the first phase. I felt that meeting the participants’ families and visiting them in their own homes also contributed to the telling of their stories, by giving more
of a context to their lives beyond Eastwood House. It built upon their biographies, in this sense, providing more of a background to their schooling experiences and into the ways in which they were making sense of ‘health’ at school, as this was mediated by the discourses drawn upon within their family contexts.

4.3.2 Using semi-structured interviews
The research has employed a qualitative methodology, using a variety of research tools and techniques, designed to allow for exploration of the various issues central to the study. The primary methodological tool used during data collection, was the in-depth, semi-structured interview, although these interviews formed part of the wider project of data-collection, conducted at Eastwood House as a whole. Data collection also drew upon a variety of other methodological tools, designed to engage the participants within the research process, which will be discussed further on, in section 4.3.3 of this chapter.

Semi-structured interviews, as a qualitative technique in gathering data, have been used by a number of feminist researchers researching a variety of differing areas of women’s lives (e.g. Kauer, 2009; Clarke & Griffin, 2007; Huntington & Gilmour, 2005; Weatherall & Priestley, 2001), and seeking to actively involve their participants in the construction of data, about their lives (Graham, 1984). Seen as a less formal approach, semi-structured interviews allow a degree of openness and flexibility, using only a basic outline designed to guide the interview, to some extent, around the areas the research aims to explore. The flexibility for participants to deviate from, or to add to this outline, remains however, and they are able to direct the interview, to bring up new areas for discussion, and to select the responses they feel most appropriate. As such, it is hoped that this style of interview will achieve a balance between being partly guided by the interviewer yet largely determined by the responses of the participant, as they work together within the interview context (Arksey & Knight, 1999: 7). Particularly during follow-up work, this also allows the space for interviewers to probe responses, ask for clarification, expand upon any emerging themes, and to question and verify these themes and any other meanings and inconsistencies emerging from the earlier exchange (Clarke & Griffin, 2007: 704).

The research, therefore, in drawing on the narratives of the participants through the
use of semi-structured interviews, hoped to encourage rich, thickly descriptive, detailed responses, and to give the participants the space and flexibility within which this could occur.

The choice to provide a loose and partial structure to the interviews, rather than conducting entirely open, unstructured interviews, was influenced by the nature of the research field and the vulnerability of the participants. In this sense, before commencing data collection, I did not know how open the participants were going to be, particularly since the majority of the young people at Eastwood House were under 16. Therefore, in developing a sensitive methodology, I anticipated that some of the participants may need some direction, and this did turn out to be the case when the interviews were conducted. At some points towards the end of interviews and even at the beginning of her interview for one of the participants, however, some did appear keen to lead the exchange and to share with me experiences which they felt may have been interesting or relevant. The semi-structured nature of the interviews still allowed the space and flexibility through which they could do this, and I was happy to let them lead where they seemed to prefer to, or to offer guidance when it was required. Also, at other times, during informal interactions at Eastwood House, these were times and spaces where our conversations and exchanges had no deliberate structure at all and, on occasions, some of the participants would take the initiative to come and tell me something about their schools or one of their experiences at school that they thought I might like to hear.

In practical terms, in order to carry out semi-structured interviews with the participants, preceding any interviews, I put together an open-ended interview guide, which included a rough outline of the main areas I was hoping to explore within the research. This was there as a means of guiding or ‘steering’ the flow of discussion, if so required, and attempting to keep the main body of the interview relevant to the research questions most central to the study. However, this still took a flexible approach, and I was always prepared to alter this within the throes of the interview if the conversation appeared to be ‘going’ another way (Bryman, 2008: 317). Each interview lasted between 30 and 90 minutes and, at the very beginning of each exchange, before starting any recording, I informed each participant about the
confidentiality and anonymity of the study, and advised them in line with the ethical guidelines of the study. This included checking their understanding of aspects such as: their right to stop the interview at any time; for the exchange not to be recorded if they so wished; for the recording to be stopped at any time if they so wished; for the door to be left open during the interview, if they preferred; that they could refrain from answering any questions; that they could terminate the interview and/or their participation at any time, if they chose to do so, without providing any reasons; that all real names would be kept confidential and pseudonyms would be used; also that if they were to disclose anything to me which pointed to the immediate danger of themselves or anyone else, then I would be obliged to disclose this to another adult. I opened each exchange, initially, with a few ‘neutral’ questions, such as asking which school the participant attended and the subjects they liked. The interview then commenced by moving on to discussion around some of the work the participants had previously produced, during activity-based tasks. The particular themes the participants had identified themselves, during this work, therefore opened and lead discussion at this point and, it was hoped, as much as possible, as the interview proceeded.

The decision to pre-structure the interviews, only to a limited extent, was also made in-line with the qualitative inductive approach adopted by the methodology of the study as a whole. This allowed for the flexibility and the space, in which the emergent research design could be developed from within the field (Maxwell, 2005). The techniques and tools I used, how I used them, and the themes which developed during data collection, did indeed emerge and develop during the process of data collection. The methodology became as much a learning process about using these methods, tools and techniques with these particular girls at Eastwood House, as it was about learning the ways in which they were making sense of their bodies and health at school.

4.3.3 Actively involving the research participants: Using activity-based tasks
Recent trends in research with young people have been developing around the importance of actively involving the research participants in the collection of data. Indeed, the focus for a number of researchers has increasingly shifted to conducting
research with, rather than on young people, positioning them as social actors who are subjects of their own social worlds, rather than objects of enquiry (Christensen & James, 2008: 1). The emphasis here is thus upon listening to young people and viewing them as individual reservoirs of expertise upon their own lives. As such, attempts are being made to transfer this emphasis into research methodology and practice in the generation of data, in the hope of providing opportunities to consult with young people in meaningful ways (Roberts, 2008: 261).

In line with these trends, and in developing the methodology for this study, I have drawn, particularly, upon the work of Oliver & Lalik (2000; 2001; 2004) who, over the course of more than ten years, have worked at the micro level to explore the voices, actions and feelings of young girls, in and around how they experience their bodies. In working to position the research participants at the centre of their research, Oliver & Lalik (2000; 2001; 2004) describe their aim as “starting from where girls are, and not from where we want them to be” (Oliver, 2009). In order to achieve this aim, through working closely and directly with their young research participants in schools, Oliver & Lalik (2000; 2001; 2004) have developed a variety of textual practices and tasks, designed to help girls explore the cultural messages that they, themselves, identify, about their bodies and physical activity (Lalik & Oliver, 2007: 46). These tasks have included activities such as journal writing and reflection, work with magazines and images, and a camera task where the girls are given cameras and the opportunity to go out and physically document their worlds. As above, the aim within the research here has always been to listen, critically, to what the girls are saying; to support their voices (Oliver & Lalik, 2000: 30); and to learn about their own understandings. The selection of these techniques has, therefore, been important as a means of conveying interest in, and respect for, what the participants have to say (Oliver & Lalik, 2000: 309).

In selecting the methodology for this study, I too was hoping to learn from the participants. I was hoping to offer them the space and the research resources, within and through which, they could teach me about themselves; what they were thinking and feeling; about the intricate complexities of their lives at school; and their lives outside of school, as they view and understand these. Within the overall research
design for this study, semi-structured interviews were thus combined with focus groups and activity-based tasks, in order, it was hoped, to offer the research participants multiple ways in which they could identify, express and articulate the issues in their lives, and at school, which were most significant to them. This, it was hoped, would work, not only to reflect an awareness of the deep sensitivities of the issues under investigation for the participants involved, but also to present a real interest in their perspectives. In addition, these methods were designed to benefit those who may have felt less able to express themselves and less at ease with talking about their experiences. As such, the tasks I used within this study included: poster making in groups; a focus/discussion group; and diary and email writing. Like Oliver & Lalik (2000; 2001; 2004), I hoped that the use of these methods would offer the participants a “genuine opportunity to contribute their views” Oliver (2009).

**Poster-Making**

Once I had arrived at Eastwood house and had begun to settle in, I started the more structured collection of data by conducting a poster-making activity-based task. Six participants attended this group. In order to conduct this task, I provided various coloured pens, glitter, glue and coloured paper, and gave the participants a basic outline around which they were to work. The aim here was to keep this as open-ended and flexible as possible, whilst still pertaining to the issues central to the research. This task, as I originally chose it, was just for them to: *make a poster about any issues, feelings or experiences they have had about school and/or disordered eating.* After obtaining the participants’ permission, this poster group was recorded and so, I was able to transcribe myself, verbatim, explaining the task to them, at the time. This was as follows:

RA: Basically it’s not about art work…it doesn’t matter what it looks like…it’s just a chance to let you put down what you think…to share your experiences about school…if you want to draw anything or if you want to cut things out…just put any things or issues you’ve had at school and with eating disorders…you can do what you want really.

After the first group, I carried out a second poster-making group as, over the course of data collection, a number of new young people had arrived at Eastwood House. After
I had introduced myself to them and given them the introductory letters, which broadly outlined the research, they agreed that they would also like to participate in a poster-making group. Eight participants attended this group and, this time, I described the task by simply asking them to: \textit{make a poster which shows key things that have happened to you at school.} The participants appeared to enjoy both of these tasks, and I found that a degree of informal discussion was generated around them, which, with their permission, I had recorded (as previously described). In line with the inductive design of the research methodology, the inclusion of this informal discussion was not something I had particularly planned, and was an area which emerged while I was immersed in the field. However, I found this turned out to be a rich source of in-depth, informal data, upon which I was to draw later, during analysis. This discussion occurred, particularly during the second poster-making task as, by this later point during my stay at Eastwood House, I had become more familiar with the participants and them with me. Rapport had thus developed between us, and between the participants themselves, and I found that informal discussion during the second poster-making group was often quite lively, and sometimes humorous. Some of the young people even decided to sing together at one point. This was all recorded, and also transcribed. Also developing as part of the emergent research design was the suggestion by the participants, themselves, to bring several of their own magazines into both of the poster making groups. They explained to me that they would like to cut these up. This, in itself, generated some particularly interesting discussion, as they talked, informally, about the pictures of the – generally young, white and female bodies, which were displayed in these magazines. I thus found these group discussions useful in terms of exploring how the participants made sense of their experiences and of ‘the body, weight and health’, as they jointly constructed meaning. Collective areas of interest and concern also appeared to arise frequently, pointing to particular dominant discourses, emerging around these themes. The following is an example of the transcript taken from the recording of the second poster-making group, some of the narratives, of which, I have drawn upon in Chapters Five and Six: the analysis chapters of this study:

RA: No…you can talk…you can carry on talking.

KATE: What is that?
RA: It’s a voice recorder…you know…like a tape recorder…

VICKY: [Laughing] Let’s all say our names into the microphone…VICKY!

SUSIE: Susie!

OLIVIA: Olivia!

KATE: Kate! […]…etc.

KATE: [Pointing to picture in magazine] She’s got a nice figure hasn’t she?

KATE: I wouldn’t want to be like that though [pointing to another picture of a slightly bigger girl].

VICKY: What do you mean?

KATE: I don’t like it…I like a more…different shaped stomach…yeah I know she’s quite slim but...

VICKY: I think she’s quite slim.

KATE: Yeah…I know…but that’s not the belly I want…know what I mean.

VICKY: I just want anything but my belly.

KATE: She’s skinny

SUSIE: Who’s skinny?

KATE: That model.

LARA: Yeah…she is quite skinny […]

ANNE: I wanna see! I want to see how bad she is!

LARA: I do think she looks good actually […]

VICKY: I hate all this stuff in magazines…it’s really like…obvious that we should all lose weight […]

KATE: Some people start [an eating disorder] by giving things up for lent.

VICKY: I started by healthy eating…and like for breakfast I’d just eat fruit […]

KATE: I didn’t think about calories…I just thought about fat.
Indeed, my findings concurred with those of Oliver (2009), who reports that, in her work with young girls she found social talk to be very important, as it is here she has consistently seen that a lot of their critique happens and takes place. Christensen (2004: 165) also echoes these sentiments, suggesting that “in order to hear the voices of children in the representation of their own lives” it is important to employ research practices which include the use of dialogue, as this helps researchers to “enter into children’s cultures of communication”.

Following completion of the first poster-making group, I commenced the first phase of interviewing. As previously mentioned, I found the posters to be a useful vehicle to start discussion during interview, based around the themes that the participants, themselves, had identified on their posters. At a later point during data collection I also carried out a focus/discussion group. Once again, the participants and I used the posters they had made as a starting point, and each participant took a turn to talk to the rest of the group about what they had put on their poster and why. We found that this then tended to generate further discussion as other themes either emerged, or were expanded upon and re-visited by the group.

**Diaries**

As part of the second phase of data collection, I also used diaries and follow-up emails with a number of the participants. For the diaries I provided plain exercise books and gave these to each of the participants who were to be involved in the follow-up work. This was so that I would have the opportunity to collect them at a later date, and also so that the participants would have the chance to write about their experiences of returning to school if they wished. When first explaining the task to the participants, I asked them to use these as personal diaries in which to write about their past and present experiences, feelings and thoughts about school. Since, as Oliver & Lalik (2001: 310) suggest, diary writing is an “empowering method”, which “can serve as a form of self reflection and self analysis”, I was hoping to give the participants the space within the diaries, therefore, to reflect upon themselves and their experiences at home and at school. The use of diaries in this sense thus “affords researchers the opportunity to collect information from participants that is more descriptive or reflective in nature” (Hawkes, Houghton & Rowe, 2009: 211).
included an instruction sheet with the diaries (see Appendix D for a copy of this Instruction Sheet for Diary Writing Task) giving suggestions of things the participants could consider writing about, if ever they wanted any ideas when writing at a later date. I did take care to explain to them however, that these diaries were a personal space in which they were free to express themselves as they wished and, if at some point they did decide that they would prefer not to hand them in, then this was ok. I also offered to photo-copy the diaries and then return them, if anyone would prefer this. The participants kindly returned these diaries to me when we met, once again, for a follow-up interview. I found that all of the participants had chosen to write about some of their experiences at school, what it had been like going back and how they had felt. By way of illustrating this, the following is an extract from Vicky’s diary:

When I think about my school, all I really feel and think about are the really bad times because at my school the whole problem started for me. There was great pressure to pass the exam to get in and I got so worried and worked-up about it. My parents and teachers all just saw it as a competition and didn’t really think about how it might be affecting me! [...] I am not a very confident person so I have always found it difficult to settle into a school and everyone there seemed so loud and confident. I remember times before Eastwood House when I felt like a nobody and not worth it because no one really took any notice of me. (Vicky, Dd)

During follow-up interviews, as we did with the posters in the first phase of interviewing, we opened the exchange, this time, by basing it around the issues and themes the participants had identified in their diaries. Once again, this generated some of the interview discussion and introduced some of the areas we talked about. I also used this as an opportunity to probe further into any emerging themes and areas they had identified, for example, asking for further clarification, or further examples of the things they had written about in their diaries.

Emails
Three of the participants also took the time to email me, and we sent messages back and forth. We used this as a medium of communication, both to arrange the practicalities of follow-up interviews, and also to continue discussion of some of the
themes raised within the first phase of data collection. This was another part of the methodology, which developed along with the emergent, inductive research design (Maxwell, 2005). Engaging with online research techniques can be an “innovative dimension” of a research project suggests Seymour (2001: 150) and I did find this to be a useful medium via which to probe, expand upon and inquire further into some of the stories these participants had been telling me about their lives at school and at home, and thus to further generate rich data. The literature suggests that there are other areas to be considered when engaging with online technologies however, and these debates will be visited briefly, within the final review of the research methodology, in section 7.4.1 of the conclusion: Chapter Seven.

Tools for Engaging Girls in Research

In summary, I hoped that by drawing upon this range of research tools and methods, I had offered the participants a variety of media through which to express their feelings, and to find the language through which they could express their ideas, as some don’t always find it easy to articulate things in the same ways. In addition, as Oliver & Lalik (2001: 307) suggest, it is also “important to start from where girls are” and thus to develop methods and techniques which begin with girls’ own “experiences, interests and concerns with their bodies, rather than featuring adults’ perspectives exclusively”. In this sense, I hoped that the use of these activities and tasks had also offered the participants the personal space in which to say the things they wanted to say – rather than perhaps what they thought I, as the researcher, wanted them to say, and the variety of media through which to do this. Finally, I also hoped that these methods had offered the participants something fun that had engaged their interest, and that we had all enjoyed working on together.

4.4 Research in the Field: Gathering data at Eastwood House

During the first phase of data collection I stayed overnight at Eastwood House for a period of two weeks, on two occasions; once for a period of one week, and also for around two nights on a few other visits at the beginning of data collection. My motives for staying overnight at Eastwood House included some practical and financial benefits as, obviously, this method significantly reduced travelling costs and travelling time, allowing me to conduct several interviews or other tasks in one day
without any travelling, as well as giving me significant time for interacting with the participants. Above-all however, my choice to stay at Eastwood House emerged from my desire to immerse myself within the research field as much as possible, in order to enter the social and cultural worlds of the participants, and to build the levels of trust and rapport required to access the experiences and feelings of young people. Building rapport is an important part of qualitative research, outline Dickson-Swift, James, Kippen and Liamputtong (2007: 331) as, part of the role of the qualitative researcher is to facilitate participant disclosure, and a level of rapport between researcher and participant is required for this to take place. Indeed, “feminists committed to qualitative research methods have highlighted the importance of intimacy and friendship in research relationships”, suggest Harrison, MacGibbon & Morton (2001: 332), if we are to generate “good data – thick, rich description and in-depth, intimate interviews” (Harrison et al., 2001: 323). I would echo these sentiments as, once having developed a level of trust and rapport, I found that the participants appeared more at ease in my presence and with speaking to and interacting with me, and this facilitated the data collection, as we got to know each other a little more. I thus became immersed in many of the daily interactions and informal, non-structured conversations that the participants shared, which took place alongside the more structured interactions of the data-collection, such as the interviews and focus groups. In line with my desire to employ some reflexivity, I recorded much of my informal observations and personal reflections in a research diary, which I wrote throughout my time conducting data collection at Eastwood House, as well as during follow-up work afterwards. A research diary is a practical example of a methodological tool, which can “aid reflexivity in the research process”, suggest Nadin & Cassell (2006: 208). It can offer a valuable space in which to reflect upon the research, prompting insights into a variety of methodological and theoretical decisions, as well as helping to develop awareness of one’s own epistemological assumptions and positioning (Nadin & Cassell, 2006: 208). This is not to suggest, however, that the observation work, conversations and records I took part in, made and carried at Eastwood House were detailed or thorough enough to move this study into a social anthropological methodological framework (see Hammersley & Atkinson, 2007). Although, as Oberhuber & Krzyżanowski (2008: 182) suggest, “‘going into the field’, is no longer the exclusive prerogative of professional anthropologists”, as elements of
ethnographic methodologies have been increasingly adapted and accommodated by other disciplines for their own purposes, and into their own research designs, including those conducting discourse studies. Indeed, as already outlined, I found ‘going into the field’ a part of my own methodology and research design, that was particularly valuable for this study: *as soon I got up in the morning at Eastwood House and left my room, data collection began.*

From a theoretical point of view, there were other reasons behind my choice to conduct the first phase of data collection by immersing myself within the field at Eastwood House. These were mainly in accordance with my assumption that, in hoping to encounter the narrative texts of culture through which the participants were constructing their lives, semi-structured interviews on their own would provide less access to direct social actions and interactions, and so would not allow the research to explore discourses drawn upon during informal exchanges and experiences, as they happened. Although it was not possible for me during this study to observe the participants while they were at their mainstream schools, by immersing myself within the research field I was thus hoping to enter the cultural worlds of the participants, as they were, during data collection; to listen to and observe the discourses they were drawing upon in that particular place and time, as these were lived out through their subjectivities (Britzman, 2000: 27). This was not, however, to point to any absolute ‘truths’ of the texts I was to produce, nor to overlook the essence of my own textualized identity as ‘I’, too, was situated, and produced, within this ‘cultural world’.

4.5 Towards (Self) Reflexive Relationships: *Feminist debates around the ethics of researching with a vulnerable group*

Throughout my data collection at Eastwood House there remained the awareness that I was working with a particular cohort, thought to be vulnerable at that time in their lives. As such, I would now like to turn to a number of issues and debates which arose for me during data collection, around the ethical implications of conducting qualitative research with a vulnerable group of young women and girls. The last few decades have witnessed a notable growth of methodological literature debating the
ethics and politics of social research (Song & Parker, 1995) and attention has been
given to particular issues, which have arisen and been discussed, within this body of
work. Indeed, involvement in qualitative research can raise ethical issues for both the
researcher(s) conducting the research (see Dickson-Swift, James, Kippen &
Liamputtong, 2007), and for the participants partaking in the process.

4.5.1 Reflexivity and researcher self-disclosure

When involved in any part of the data collection, and in line with the post-structuralist
framework of the study, I did not view the methodological tools and techniques I was
utilising as a means of ‘uncovering’ or eliciting any ‘underlying objective facts’ about
the participants. Instead, I was aware that, through using these tools, I would be
partaking in “dynamic social interactions” with the participants, during which,
multiple, and perhaps, at times, contradictory dialogues would be “conducted between
suggest, the collection of data is an interactive process, involving the personal and
social experiences of both the researcher and the researched, as they narrate their
stories within the context of a developing relationship. Exploring and maintaining
reflexivity towards my own subjectivity was as important, therefore, as exploring the
subjectivities of the participants. As mutually constructed social occasions, in this
way, my own contribution to the interviews and other tasks of data collection was a
particular consideration. As a researcher, I have long been open about my own past
history and experiences of disordered eating (‘anorexia and bulimia’ for a period of
around ten years) which I have now no longer struggled with, at time of writing, for
around seven years. As such, one of the central issues for me, as part of my
methodology, was whether or not to disclose my own past to the research participants.
With the above debates in mind and, thus, a reminder of the particular need for
researcher reflexivity within the research, this decision also raised additional ethical
issues. Debate abounds around the technique of researcher self disclosure and
reciprocity (see Harrison, MacGibbon & Morton, 2001), and whether or not, as
feminist researchers, we should employ this method within our research. Some
scholars (e.g. Berger, 2001; Harrison, MacGibbon & Morton, 2001; Lather, 1991;
Oakley, 1981; Klein, 1983; Smith, 1987) advocate this approach, arguing that it is a
valuable feminist practice which helps to re-balance the power dynamic within the
interview context, to foster trust, openness and rapport; make the research participants feel more at ease; and thus initiate rich dialogue through collaboration and sharing. Indeed, “I agree with Oakley” declares Finch (1984: 81), “that the only morally defensible way for a feminist to conduct research with women is through a non-hierarchical relationship in which she is prepared to invest some of her own identity”. “Through judicious use of self-disclosure” agree Harrison et al., (2001: 323), “interviews become conversations, and richer data are possible”. Others however, (e.g. Reinharz, 1992; Lee, 1993; Cotterill, 1992) disagree, arguing that this technique may obstruct data collection, as, over and above a certain level of self-disclosure may be intimidating to research participants and could restrict, rather than encourage their inclination for open discussion. Instead of helping to foster a non-hierarchical relationship between researcher and researched, some also suggest that researcher self-disclosure may, in fact, jeopardize this by increasing the vulnerability of the researcher, and/or of the research participants if the technique is used, as an ingratiation tactic - as “a means of increasing the social indebtedness of the other” (Lee, 1993: 109). Within this research, following consideration of these debates, and also some discussion with the psychologist in residence at Eastwood House, I decided that I would share my own past experiences with the research participants. I concluded, however, that I would deploy a particular and appropriate level of reciprocity within researcher-social relationships only if, and/or when this arose or became relevant at any point during data collection at Eastwood House. In this sense, I did not set out to view any instances of self-disclosing or not self-disclosing as a dichotomous process; rather I approached this within the research as a continuous process, wherein there would be moments and instances perhaps, where it would be appropriate to share, and maybe others where it would not. These were the kinds of ethical issues with which I was grappling as a researcher although, following my decision to ‘appropriately’ share my own experiences with the participants, the feedback some of them volunteered in relation to this suggested to me that it had been a useful strategy and valuable part of the research. Some participants explained to me that they felt their disordered eating to be less understood by the common stereotypes in society and that they preferred, as such, to speak to someone who had experienced similar struggles, as Vicky describes (during interview) below:
Chapter Four: Methodological Issues: *Exploring subjectivities and schooling*

VICKY: I think there should be people to talk to about it so they know… and so that your parents… there should be like a counsellor or someone but… the thing is with a counsellor is like… I would prefer to speak to someone who’s had the illness and has got better…

RA: Yeah.

VICKY: and not just a counsellor cus they just have all the information that everyone tells them it’s about…and they’ve got all stereotypes… like… in the science book it was like… emmm… ‘these eating disorders are when you chose not to eat and you get painfully thin’ and it’s just like… it’s nothing to do with that at all.

As illustrated in the letter extracts, which opened this chapter, I also felt, personally, that our shared experiences did generate a certain rapport, although I am unable to compare this with other situations, or with other research participants. I was aware, however, that any assumptions made by the participants about my own understandings of their experiences, also rendered the interpretation and representation of life increasingly complex and, as such, I attempted, more fully, to draw out and to probe the meanings and implications they were describing during interviews. This was in the hope that the benefits of inter-subjectivity and the shared understandings that were developed within, would contribute to the generation of rich data, rather than any hindrance, due to the assumption that I ‘would already know’.

**4.5.2 Friendships and feminist research**

Other ethical issues which arose for me during data collection emerged around the ethics of developing and maintaining friendships with the research participants. Like Oliver & Lalik (2001: 311) I found that the bond I had developed with the participants fuelled thoughts about the ethics of the work I had undertaken. I was using a methodology, and particular methods largely advocated as feminist, which encouraged friendliness, the sharing of personal stories and a deep and open exchange yet, opinions around the appropriateness of maintaining these friendships with the participants after the research, represented a somewhat contested area. Some researchers, particularly those conducting narrative work involving in-depth interviewing, view the interview context as potentially engendering a therapeutic aspect, for some participants, largely as the consequential effect of being listened to
by another person who values what you have to say (see Linde, 1993); also as a means of creating meaning through storytelling; a curative sense of continuity, or deeper sense of understanding of self (Rosenthal, 2003: 922). This is an area, however, where care should be taken to try and remain aware of any potential to slip into ethically difficult relationships with participants or, suggest Dickson-Swift, James, Kippen, Liamputtong, (2007: 341), for either participants or researchers to form emotional attachments. In this sense, a number of other researchers (e.g. Kirsch, 2005; Cotterill, 1992; Gorelick, 1991) problematise the entire notion of using methods such as collaboration and open communication intended to achieve feminist ends, as this is a practice, suggests Kirsch (2005: 2163), which raises a number of concomitant risks, including the potential for relationships to end abruptly and for participants to feel that they have been misunderstood or betrayed, as participants’ and researchers’ priorities diverge. In this way, developing openness and rapport with research participants may create the expectation that the research relationship becomes more like a friendship (Dickson-Swift et al. 2007: 331) or, in addition, even lead participants to disclose information which they may later regret (Kvale, 1996: 116). Interviewing and data collection may also act to stir difficult emotions for both participants and researchers, and it is thus important to consider the consequences of all of these issues, particularly as, within this study, I was not just ‘collecting data’, but was entering vulnerable young people’s lives. As illustrated in the letter extracts at the beginning of this chapter, during the process of collecting data – particularly following my immersion within their lives at Eastwood House - I developed friendships with a number of the research participants and am still occasionally in contact with three of them today, normally via email.

This relates, thus, to another advantage that I found of the use of emails within the methodology, as it prevented the research relationships with some of the participants from ending abruptly. By continuing to communicate with some of the participants via this medium, I felt that I did not immediately ‘disappear’ after leaving Eastwood House, and was able to ‘follow-up’ some communications. It is necessary to point out here however, that this may have been specific to the vulnerability of my particular research participants and our shared experiences. Other research studies, with other research participants, may present entirely different requirements. Debate thus
continues here around the difficulties that lie with knowing when research relationships ‘should end’. “Traditionally, ‘ending’ research is a stage in the research process that is not widely explored”, suggests Northway (2000: 27). Indeed, I would agree with Campbell (2002: 9) that further research and investigation is needed around “researching the researcher” in relation to these, and other methodological and ethical issues, in qualitative research.

4.5.3 “Institutional discourse” and constituting ‘ethical research’

These issues and researcher/researched interactions continue to raise ethical questions around conducting research with vulnerable groups. Researching with participants experiencing disordered eating, in particular, is an area which Halse & Honey (2005: 2141) suggest, requires further consideration and research. They contend that there is much interest across the disciplines in exploring the lives of those experiencing issues around food, due, largely, perhaps, to the apparent cultural insights which these struggles appear to present. However, despite the diversity of perspectives which make up the considerable corpus of published research on disordered eating, they suggest, little has been voiced in terms of the ethics of researching with this vulnerable group (Ibid: 2142). As such, they explore their own experiences of preparing the ethics applications for an interview study with “anorexic” teenage girls, working to draw out and highlight some of the core ethical issues and themes. And these are issues, it would appear, which also form the basis of many of those with which feminist research is entangled. Fundamentally, they explain, struggles and conflict arise when the feminist aim of doing ethical research, and to be ethical researchers, is governed by the ‘regulatory model of research ethics’; when tensions emerge between the feminist desire to be ethical, and the political structure of that which ‘ethics’ should entail (Halse & Honey, 2005: 2141). This points to a methodological issue which is also central to this study; it raises the question of how one is to conduct and carry out feminist post-structuralist work whilst drawing upon and being governed by an “institutional discourse” of ethics, that constitutes and governs what we know and understand ‘ethical research’ to be (Halse & Honey, 2007: 336)? Through my written reflections and own experiences (some of which are illustrated in the following section 4.5), I found that my own process of data collection was so unique, so fluid, so multiple, so varied, so temporal, and so situated.
within the particular research field and with the particular research participants with whom it took place, that attempts to govern this through absolute adherence to a moral “institutional” discourse of ethics, constructed before I had even entered the field, was often, not only impractical, but also, raised certain questions and tensions with regards my approach to the de-centring of dominant discourse. Indeed, there is a “dissonance”, suggest Halse & Honey (2007: 336), between regimes of truth and research practice, which requires a deconstruction of this “institutional discourse” to open up the way for counter-discourses that “place relational ethics at the centre of moral decision making in research”.

4.6 Challenges of Researching Disordered Eating
Other ethical issues and challenges I faced as a researcher at Eastwood House, emerged once I had entered the field; many of which I had not been expecting prior to my immersion within the field, as the research site and the participants brought with them their own unique challenges. By being invited into the participants’ worlds, I was entering into their experiences of disordered eating and, with this, sometimes came particular difficulties of living and researching in an environment where discourses of ‘health’, ‘fat’ and ‘the body’ were in their most dichotomous form. This section thus presents my interpretation and lived and told narrative of some of these challenges that I reflected upon via the field notes in my research diary.

Emerging as an overarching theme during my time spent at Eastwood House was the oscillation of some of the participants’ interactions, something I seemed to notice almost daily, pointing to the shifting polarities of their experiences. Sometimes they would appear happy and playful and would be laughing and singing together yet, at others, they would seem to notice their bodies in ways which produced continued anxieties. These experiences, too, shaped my relationship with them. For example, on one occasion, I saw the participants playing a game in the garden. They had a scooter outside, and a group of them were taking it in turns to get on the scooter to see how fast you could dare to push yourself down a path in the garden. Once I had joined them outside, I was recruited into the game and found myself also taking a turn on the scooter and descending down the path. On another occasion, on my way up to my
room at Eastwood House, I remember seeing two of the youngest girls there, so absorbed in an imaginary game of ‘dogs’ they were playing on the stairs (one girl was pretending to be a dog, and the other the dog’s owner) that it was a pleasure to watch. I also noticed times when the participants would tell jokes and have sleep-overs in each other’s rooms, including a few nights when Vicky ‘slept over’ in Olivia’s room and, since this was the room next to the one that I had been allocated that week, I heard them giggling and talking quite late each night. Sometimes they would also come into my room to ask what I was doing and, at the beginning of one of the poster-making groups I was conducting and recording, all of the girls took it in turns to shout their names into my microphone (shown in the quote in section 4.3.3). Nevertheless, there were also many other moments and instances that I recall, despite these moments of laughter and play, when the participants seemed much less happy with themselves. On many occasions I noticed they would repeat conversations about their dissatisfaction with the size and shape of their bodies, reiterating narratives about how they felt they “were fat”, how “fat particular parts of their bodies were”, how they were “much fatter than their friends and other girls there”, how “fat and unhealthy” they felt (Susie, Ic) and how they felt “flabby and unfit” (Vicky, Ic). Positioned in discourses in which their embodied subjectivities were “becoming abject” (Rich, 2010) and their anxieties about their bodies reproduced, I felt that these repetitions had become negative and all-consuming and so sometimes, during these instances, I would request that we stopped talking about ‘bodies’ for a bit, and that we changed the subject for a while. On another occasion, one of the participants even commented on my body, saying that I had “thin hands”, and then everybody else who was there at the time wanted to have a look, to see if they also thought this to be true. Although these are my own reflections, which tell a story from my perspective, I have chosen to present them here by way of closing this section of the chapter, as I feel they point to some of the day-to-day challenges and issues I was required to negotiate, as a researcher working and interacting with this particular group of young women experiencing disordered eating, at Eastwood House.

4.7 Transcription and Analysis:  *Procedures for transcribing data*

Once the data had been collected it was necessary for this to be transcribed before any analysis could be carried out. Within this thesis, the transcripts have not been
presented in their totality. First of all, this was in compliance with the confidentiality and anonymity of the study as, textually presenting the data sets as narratives in their original lengthy format may have revealed some of the personal details and identities of the participants. Secondly, this was a deliberate choice based upon the theoretical framework of the thesis, and my desire to explore these texts as non-linear stories and representations of the ways in which language is being used (MacLure, 2003: 6).

All interviews, focus group discussions and sessions of informal talk recorded during the poster-making tasks were transcribed verbatim in their entirety. I attempted, where possible, to transcribe any data collected as soon after the event as possible, and combined this with readings of the personal and observational notes I kept in a research diary. This was an on-going processes and a deliberate strategy, not only to attend to the data while the event was still fresh in my mind, but also in the hope of developing a reflexive approach, as a researcher, towards the data collection process and the research field. Indeed, it was during this process that, whilst immersed in the transcription, I was able to develop my own understandings of discourse and subjectivity and to consider my own positionality within the research; to reflect upon my methods and methodology, and the apparent ways in which the participants were responding to the process. Furthermore, this also helped me to develop an awareness of any themes emerging within the data, and any ways in which I could think about modifying subsequent interviews and tasks of data collection, accordingly.

All interview, focus and discussion group data were recorded using an electronic voice recorder, which enabled me to store any recordings as ‘voice files’ on my laptop computer, and thus eased the process of transcription and the management of data. This was because all the data could be stored, more securely, on an individual, ‘passworded’ computer, rather than having numerous tapes or discs in my possession, and also because I was able to listen to the voice files on the lap-top via headphones, whilst transcribing them on the lap-top, simultaneously. This also proved a useful and more convenient procedure, as some of the transcription was carried out during my time spent in the field at Eastwood House.
There are a variety of different methods which can be used for encoding speech (see Taylor, 2001: 29; Wood & Kroger, 2000: 82), and these differ in terms of the particular details, about the speech that the transcript includes, in addition to the words spoken. For example, there are transcription symbols which can be used to indicate, among other things: the pace, volume, and intonation of speech, the length of pauses, non-verbal activities, speaker emphases, unclear fragments of speech, and contiguous utterances (Taylor, 2001: 33 & 62). For this study I have chosen to include a number of features in the transcripts during this process of turning verbal talk into a document. These include the following, and this illustrates how the quotes, used from the data, are presented within the analysis chapters:

- Utterances of “Errr” and “Emmm” are written, as shown here, as they sound phonetically.
- Pauses are marked with three dots: …
- Notes on other verbal utterances, for example, when a participant is laughing, or when the researcher and the participant are both laughing, are italicised and indicated in the transcripts in square brackets: [both laugh]
- None-verbal utterances such as hand gestures or other indications participants made, are also italicised and included in the transcripts in square brackets, for example: [pointing to magazine]; [indicating with hand]
- Participants’ pseudonyms and/or the researcher’s initials, accordingly, are shown at the beginning of each speech utterance, for example:
  GEMMA: Well you have like…your PSHE or something like that.
  RA: Oh…what’s that?
- Any particular emphasis that participants gave to certain words or to something they expressed, are marked in the transcripts with italicised text, for example:
  VICKY: Yeah…well getting into my new school was really pressurising.
  RA: Do you think going to the new school…?
  VICKY: It was all the new school…as I told you last night.
  RA: Yeah…I remember…so you went to a massive new school…
  VICKY: Massive!…and I…everyone was just like…I wasn’t really
there…I felt like I wasn’t really there.

As such, these were the particular features of speech which I chose to detail in the transcripts and the quotes used within the analyses, as this accorded with the focus of the analyses upon discourses and emerging themes. It was therefore not necessary to include the minutiae of the participants’ conversation, such as intonation and length of pauses, etc., since the focus was upon the discourses emerging within the texts.

I found the process of transcription to be a time consuming but valuable part of the research. Indeed, it is the transcripts themselves, which make analysis possible, working to “slow down the discourses” so that the details can be identified (Wood & Kroger, 2000: 82). It was in the act of transcribing the data that the process of discourse analysis both continued and began for me. I found that this time spent immersed within the data afforded me the opportunity to become increasingly familiar with the participants’ narratives, and with any emerging discourses and themes.

4.8 Discourse Analysis: Exploring discourses of ‘the body, weight and health’

Analysis of the data collected was carried out using a discourse analysis informed by feminist post-structuralist theory (see Carabine, J., 2001; St. Pierre & Pillow; 2000; St. Pierre, 2000; Webb & Macdonald, 2007a; 2007b; Murray, 2008; Pringle, 2001; Davies & Harré, 1990; Davies & Banks, 1992; Davies, 1997; Weedon, 1997; Wodak & Krzyżanowski, 2008). The term Discourse Analysis is not conducive only of one approach however, and covers multiple approaches to the analysis of language, talk and text (Malson et al., 2004: 477). In general terms, the central focus of discourse analysis is upon any form of written or spoken language, utilising theoretical concepts, analytical discovery procedures, strategies, methods and textual tools to analyse and explore a range of genres of text and talk (Wodak, 2008: 2). The aim here is to study the intricacies of these textual materials and the social subjects and ‘worlds’ they construct, as a means of studying complex social phenomena. As outlined in chapter three, this study draws upon Foucault’s (1977; 1978; 1990) notion of discourse, which views frameworks of language, or ‘discourses’, not as simply
describing an objective reality or external world, but as constitutive of what is ‘known’ to be ‘reality’, constructing multiple, complex versions of subjective experiences, subjectivities, bodies, social institutions, relations of power and social events. In this sense, and by way of example, exploring ‘the fat body’ and how it is constituted through discourse, Murray (2008: 14) describes the negative constructions of ‘fat’ embodiment regularly articulated in contemporary western cultures as “productive of obesity rather than descriptive of it”, wherein ‘obesity’ is constructed as ‘a disease’ in medical discourses which intersect with other historico-cultural discursive formations to produce ‘obesity’ as “a moral failing and an aesthetic affront”. In drawing upon this concept of discourse, and the work of other post-structuralist theorists within this study (e.g. St Pierre, 2000; Francis, 1999b; 2001a; Davies & Harré, 1990; Davies & Banks, 1992; Davies, 1989; 1992; 2000), the approach here is thus to analyse and explore the competing discourses the participants and ‘their bodies’ are positioned and produced within; as inseparable from social processes, and as necessarily fragmented and diverse (Day & Keys, 2008: 4).

With a focus upon pedagogy and schooling, the aim within the analyses was to analyse and explore the discourses the participants were positioned in, across education cultures, and the particular subjectivities, practices and ways of constructing knowledge that were pervasive in their schools (Webb & Macdonald, 2007b: 282). Viewing discourse as the object of analysis, the study sought to explore the dominant meanings about ‘the body, weight and health’, which the participants were learning at school, as well as how these intersected with other, wider cultural fields of meaning and practice. As Azzarito & Solomon (2006a: 75) suggest, students’ bodily meanings differ by gender, ethnicity and class and this approach also points to an awareness of the complex and varied nature of socially and culturally situated discourse in schools as “one of the goals of post-structuralism is to embrace plurality” (Burns, 2003: 106).

### 4.8.1 Conducting a feminist post-structuralist discourse analysis

There is no one specific method; no concrete set of ‘rules’ or fixed series of ‘steps’ which dictate exactly how a discourse analysis should be conducted. Instead, the process is informed by the theoretical framework within which the analyses sit, the
particular notion of discourse this defines, and the particular perspectives of the individual researcher as they work to interpret the text. This study is informed by a feminist post-structuralist framework, which points to an approach to discourse analysis that differs, in some ways, from the more widely known approaches of conversation analysis and critical discourse analysis, as well as other varieties of discourse analysis, such as: “the ethnography of speaking; interactional linguistics; and pragmatics” (Baxter, 2003: 2-3). Post-structural feminists conducting discourse analyses focus upon “the powerful effects of language, embodied subjectivities, power-knowledge relationships and the deconstruction of taken-for-granted historical structures of sociocultural organizations” (Webb & Macdonald, 2007a: 492). They work to recognise the associated tensions of competing discourses and how subjects are required to negotiate these tensions, as they “create seemingly contradictory experiences and identities” (Pringle, 2001: 427). The “jostlings and flows of discourses” and the subject positions within them, thus constitute subjectivities or ‘selves’ in everyday lives, define Honan, Knobel, Baker & Davies, (2000: 12), although these subjectivities are “contradictory” because they are “constituted through contradictory discourses” (Honan et al., 2000: 17). Feminist post-structural analyses which draw upon Foucault (1978), are also particularly concerned with the discursive production of power, as discourses can both produce power whilst also challenging and undermining its effects (Pringle, 2001: 427).

The discourse analysis conducted within this research was informed, therefore, in part, by Carabine (2001), who outlines an approach to undertaking a Foucauldian discourse analysis. As the study also draws upon the concept of social positioning, as developed by Davies & Harré, (1990); Davies & Banks, (1992) and Davies, (1989; 1992; 2000); St Pierre, (2000); St. Pierre & Pillow (2000); Francis, (1999b; 2001a), the work of these authors was also influential throughout the analyses. The following (informed by Carabine, 2001: 267) outlines some of the main strategies used in the discourse analysis of data, within this study, although this is not to suggest that these were linear stages or sequential steps. A discourse analysis is an “overlapping and iterative process” which takes the researcher back and forth between data, analysis, literature, theory and text (Rich, 2002: 115).
(1). Getting to Know Your Data: Reading and re-reading of the transcripts
Following the collection and transcription of the data, the discourse analysis proceeded with a thorough reading and re-reading of the transcripts, as well as time spent reading over and around the theoretical concepts which informed the analysis. This was an iterative process which involved thinking, also, about the context of the field, the contexts of the participants’ lives at school and at home, and was a means of developing my familiarity with the data. It was also important in providing the time and space in which to develop a reflexive and ‘deconstructive’ awareness of ‘discourse’, thus “making language reflexively visible” (Davies, 1997: 280) so that one is able to “see that which we normally disattend”; not just in the words on the page, but in the constitutive power of discourses and “the texts of ‘self’ which signify this or that kind of individual subject” (Davies, 1997: 272). This was a process which continued to develop throughout the discourse analysis.

(2). Identifying Key Themes: Categories and objects of the discourse
During my immersion within the data, key themes began to emerge with subsequent readings and re-readings. These developed around issues of the body, school, exams, physical education, friends, exercise, food, eating, disordered eating, feelings, gender, ‘fat’, ‘health’ and ‘self’, and the particular ways in which the participants spoke of these within their personal stories. I loosely grouped the participants’ narratives into and around these themes, although this was a flexible outline with considerable overlap throughout.

(3). Looking for Inter-Relationships between Discourses: The capillary workings of power
Drawing upon Foucault’s imagery of the capillary workings of power, which views inter-related discourses like overlapping threads, the inter-relationships between key discourses and themes identified were also explored during the process. This included, for example, identifying how medical discourses of ‘health’ intersected with other socio-cultural discourses of ‘fat and weight’ to produce ‘the body and health’ in particular gendered, classed and racialised ways, and then how these discourses were working to inform pedagogy and practice at school.
(4). Identifying that which is Missing: *What do the absences and silences say?*

This involved looking for and exploring that which may be absent in the data: the things which are not present or spoken of, which one might expect to be spoken of, in light of other things which *are* spoken. What do these silences and ‘missing pieces’ say about the discourse? For example, is education a consideration in the development of disordered eating? What do the participants say or not say about ‘health’ – is it always viewed as a good thing? Do the participants ever mention physical education as a means of enjoyment? How are dominant discourses gendered and produced through meanings around ethnicity (whiteness) and social class? These were some of the absent-present aspects of discourse which I looked out for within the data, to explore their potential meanings within the constitutive process.

(5). Looking for Resistance and Counter-Discourses: *Competing discourses*

“Once a discourse becomes ‘normal’ and ‘natural’” suggests St. Pierre (2000: 485), “it is difficult to think and act outside of it; within the rules of a discourse, it makes sense to say only certain things”. This part of the process involved looking to see if the participants ever spoke in ways that challenged dominant discourses within the text, and how they negotiated any tensions between competing discourses. For example, what were the discourses at home and at school which made up the various versions of ‘health’ to which the participants were exposed, and how did these intersect to produce the ‘health’-based decisions they made about other people’s bodies as well as their own?

(6). Identifying the Effects of the Discourse: *Subjectivities and practices*

Feminist post-structuralist analyses do not attempt only to identify the presence or absence of discourses, but also to explore the effects of those discourses within a given social context. That is, as Davies (1997: 280) describes, to “catch language in the act of shaping subjectivities”; as “an active force shaping bodies, shaping, desire, shaping perception” and, as is central to this research, shaping pedagogy and practice in education.
(7). Remaining Reflexively Aware of the Limitations of Research

Throughout the process of discourse analysis, it is important that the researcher remains reflexively aware of the limitations of their research, their data, their participant cohort (who may be absent here?), their sources, and also of their own interpretations and reflections. Post-structuralist theory teaches us that there is more than one possible interpretation of a text (see Honan et al., 2000) and that any representation is always partial and located.

(The above is informed by Carabine, 2001: 267).

4.8.2 From transcription to analysis: Drawing out themes from the data

Moving from the initial data transcripts in their entirety to the organization of this data, and then to the actual discourse analysis itself, also involved an iterative and overlapping process of drawing out developing themes. The final choice of data presented in the analysis chapters emerged out of the various themes, which developed throughout my work with the data, from collection to analysis. To aid this process I began to organize my data, even while I was still immersed within the field at Eastwood House, into a document with separate headings around themes that appeared to be emerging. I then loosely grouped quotes which related to each of these themes, under each of the headings in the document. Again, this was a very iterative, overlapping and inductive process, taking me back and forth between collecting the data, organising it around emerging themes, and then going back into the field to conduct further interviews, discussion groups, activities and data-collection tasks, in order to probe further and expand upon these developing themes. I found follow-up interviews, emails and diary writing tasks particularly useful for this as they offered the space in which I could ask questions, or for further clarification, on anything that appeared to be emerging in the data. Initially, I commenced the collection of data with a rough outline of the areas I wanted to explore, yet this was open-ended, with the inductive approach of the research allowing it to develop around issues that the participants identified. The process of moving from data to analysis therefore, did not entail any linear or sequential steps. These themes developed gradually and inductively and I loosely organized the data around them, within the document I have described. This document was titled: Drawing Out Themes From the Data and an
example of this is shown in Appendix I. The key themes which developed then provided an outline, which structured the subsequent sections of the analysis chapters, as the data organised around these themes guided the analysis.

This was the process I employed, as the representation of the participants’ stories in their entirety was not practical within this thesis. Instead I selected key moments, issues and themes that appeared to be emerging, as indicative of the dilemmas the participants were facing at school and at home. The data presented in the final analyses are therefore always partial and historically specific, representing only parts of the participants’ unfinished lives within the complex narrative webs of their wider life stories. Their unique perspectives and descriptions of their experiences offer us particular insights into the workings of particular discourses however, and the ways in which these discourses may be informing pedagogy and practice at school.

4.9 Concluding Comments

The chapter has traced some of the epistemological and methodological developments within feminist research, exploring the interplay between theory epistemology, and detailed practice (Ribbens & Edwards, 1998). It has focused upon some of the practical issues involved in undertaking this feminist research and the processes of deciding how best to analyse the experiences of a group of young women experiencing disordered eating. This has raised a number of ethical issues, and has pointed to some of the joys and the challenges of working with this ‘vulnerable group’. Representing the lives of those who are viewed as ‘disordered’ can also require that we remain critically self-aware about the decisions we make as researchers (Alldred, 1998: 147). It is perhaps useful to think of the research process “in terms of degrees rather than absolutes” for there can be no ‘pure’ or ‘real’ voices of participants, suggest Mauthner & Doucet, (1998: 140), because of the complex set of relationships between the participants’ voices and narratives and the researcher’s interpretation and representation of these voices/narratives. However, “there are ways in which we can attempt to hear more of their voices”, they conclude, and to “understand more of their perspective through the ways in which we conduct our data analysis” (Ibid.). This chapter has highlighted the methods, methodological tools, and
techniques I have utilised in order to try and understand more of the participants’ perspectives therefore, by providing an open account of the process and of my attempts to critically reflect on how my own experiences, narratives and voice, have also shaped the study. These issues of reflexivity within the research, will be revisited in the conclusion chapter, section 7.6 of this study.

1 According to the Loughborough University Ethical Advisory Committee, a vulnerable group of participants includes those recruited from one or more of the following groups: “B1. Children under 18 years of age” and/or “B4. People with mental illness”. Since the participants were aged between 12 and 20, with all but one of them being under the age of 18, and were also resident at a treatment centre for disordered eating, at the time of data collection, they are thus classified as “a vulnerable group”.

2 Although feminist methodologies have been substantially shaped by criticisms of traditional scientific thought, it has also not been completely disregarded by all feminists.

3 Feminist Empiricism remains the feminist epistemology most closely associated with traditional scientific inquiry. Feminist empiricists conduct research, which is engaged with considering how feminist values can legitimately inform empirical inquiry, and how scientific methods can be improved, in light of feminist exposures of sex bias in currently accepted scientific assumptions and methods (Anderson, 2009: 21). Most closely associated with Liberal Feminism, feminist empiricists argue that sexism and androcentrism in traditional scientific inquiry are the result of badly designed science, creating sexist and andocentric distortions and social biases in the results of research in biology and the social sciences. These sexist and andocentric biases, they argue, can be eliminated by stricter adherence to the existing methodological norms of scientific inquiry, and through the inclusion of women within traditional, mainstream science (Harding, 1990: 91). Feminist empiricism does accept, and is even based around, many Enlightenment assumptions therefore, although it does not replicate these uncritically. Research adopting this position has worked to highlight the distorted nature of traditional science, alerting us to the ‘social blindness’, ‘double standards’ and distorted assumptions of traditional scientific inquiry, introducing different, and valuable decisions into the scientific research practice, which represent women’s interests as a social group, afforded less advantages to those of men (Gaydenko, 2009, para 16). Attempts to further develop the approach for use as a feminist epistemology within their research, have also been carried out by a number of scholars (see Sobstyl, 2004; Tuana, 1992). Feminist empiricism has received much criticism from both feminist and non-feminist research however, firstly, from Harding (1987), herself, who questions the value of this approach in terms of simply adding women into existing scientific frameworks, rather than challenging the masculinist assumptions upon, and through which, traditional scientific inquiry is constituted. Indeed, other criticisms of these assumptions (see Stanley & Wise, 1993) point out that they are based upon the belief that there is a universal, external social reality ‘out there’, that academics can make a claim to, and that, through pointing out gender biases, ‘better science’ and ‘value-neutral’ work can be produced. The diversity of perspectives and of the varied perspectives of women in particular, are also overlooked therefore, implying some universal homogeneity between women.
Chapter Five

Discourse Analysis: Exploring constructions of ‘the body, weight and health’ in formal contexts at school

This is the first of two chapters wherein I present the voices of the cohort of parents and teachers, and the seventeen young girls, resident at the treatment centre for disordered eating at the time of data collection: Eastwood House. This is an analysis which represents an attempt to listen to the voices of these young women, whose relationships with food have become troubled relationships, in order to map the discourses which facilitate, shape and constrain their eating practices and embodied subjectivities, as they are framed within contexts of teaching and learning in schools.

As such, the chapter and analysis here, focuses upon the narratives they weave around their schooling experiences, or for the parents and teachers, their children’s/student’s experiences; their stories of social relationships and social dynamics; social constructions of power, control, food, health, exercise and feelings, produced within the intersecting and inevitable discursive constraints of gender, class and race.

Attention is given to the voices of this group of white and predominantly ‘middle-class’ girls, who are experiencing disordered eating, and the multiple representations of ‘self’ (Gilmore, 1994) they negotiate, as they traverse wider dominant discourse of ‘the body, weight and health’, re-contextualised within the performative cultures (Ball, 2003; 2004) of contemporary schooling. As such, by listening to these young women and some of the significant other people in their lives, and drawing upon post-structuralist and feminist frameworks of identity formation, the analysis presents their voices as an important contribution to our understandings of disordered eating and the social context of education and ‘health’.

Rather than working to extend dominant discourses in which the school is positioned as a neutral site for preventative intervention (Evans & Rich, 2005a) and the “anorexic body” a deviant site of individual psychopathology (Malson, 1998), this deconstructive analysis takes as its starting point the recognition of the force of discursive practices, and the ways in which young people are positioned within and
through these very practices (Davies & Harré, 1990). Recent research has suggested that an emerging set of conditions in schools has rendered them “contexts replete with social messages about the body, health and self” (Rich & Evans, 2005: 247). This chapter develops an account that is both personal and theoretical, of the ways in which these young girls, who are experiencing disordered eating, are negotiating their subjectivities through the learning and practice of discourses immanent across the formal ‘health’ and body-focused contexts of their schools. Attention here is given to exploring these social spaces, in which they are learning about ‘health’, and dominant constructions of the ‘healthy’ body, racialised, gendered, classed and (re)produced within/through surveillant, performative education curriculum.

5.1 “There were posters everywhere”: Surveillant ‘Health’ Education, Discipline and (Food) Control

“There were posters everywhere and…you know…it’s just ridiculous.” (Rebekah, In)

As outlined and discussed in Chapter Two, although there are other counter-discourses competing for meaning here - particularly certain gendered constructions (e.g. see Malson, 1998; Hepworth, 1999: Bray, 1996) - disordered eating has traditionally been theorized, conceived of and understood through dominant psychiatric discourses which construct it as a category of disease; an individual psychopathology, or mental illness. In line with this conception, the school has been constructed as a site of ameliorative ‘correction’ or ‘cure to disorder’, intended to aid the treatment and prevention of disordered eating. As a context saturated almost paradoxically however, with dominant discourse around contemporary constructions of ‘obesity/health’, over the last five years, the education institution has also been enlisted as a key point of intervention aiming to “serve as one of the primary agents to address the obesity crisis” (Pekruhn, 2009, National Association of State Boards of Education). Measures emerging within schools have included attempts to “monitor and evaluate the quality of school meals to promote healthier eating habits in pupils” (Ofsted, 2006: 5 & 10) and to “achieve a healthy weight for all” (Sheffield Primary Care Trust, 2008-2009, para. 3).

Indeed, the emergence of ‘obesity’ and ‘health’ discourses being recontextualised within schools, suggest Evans et al., (2008b: 2), are producing a ‘weight’-centred
education context, increasingly defined by these ‘health’-based disciplinary strategies, with associated pedagogical activity becoming relentless and inescapable across the whole school. Here, within the opening sections of this chapter, the analysis draws upon Wright & Harwood’s (2009) concept of bio-pedagogies, which draws upon and extends Foucault’s (1977; 1990) concept of bio-power. This is used to analyse and to theorise the pervasive nature of these ‘obesity/health’ discourses, to which the participants allude, as the effects of these dominant contemporary discourses call into play particular normalising and regulating pedagogical practices (Wright, 2009: 1) in the management of young peoples’ bodies, through the management of ‘weight/health’ (Gastaldo, 1997: 114). Indeed, many of the experiences the participants describe point to the emergence of new forms of normalising practices within their schools, generating a monitoring and surveillance of their bodies associated with Foucault’s (1977; 1990) notion of bio-power, expressed as an “extensive pedagogy” across schools (Harwood, 2009: 15). The school is positioned as a site of moral governance within these frameworks, in which young people are incited to achieve particular bodies/a particular embodied subjectivity: ‘the physically active, slim and fit, healthy citizen’ (Burrows & Wright, 2007: 84).

So we turn to the voices of the participants therefore, exploring, first of all, the increasingly pervasive nature of ‘health’ education within schools, which Rebekah describes below, alluding to its proliferation beyond even the formal structures of scheduled teaching. Her narrative points to the extensive nature of ‘health’ pedagogies as they diffuse the boundaries of timetabled lessons, emerging as an ubiquitous and integral feature across the whole school in the form of posters and dominant discourse around ‘the body’ and ‘healthy food’:

There’s all this stuff about [healthy] school dinners and everything like that […] it really annoys me actually cus like years ago when your parents were at school and stuff…there was not all the…you know people just had their dinner and that was it…there’s so much emphasis now I think…and it can cause a lot of problems […] there were posters everywhere and…you know…it’s just ridiculous. (Rebekah, In)

This is a situation, Rebekah reports, which can be problematic, as ‘obesity/health’ discourse constructs a certain “emphasis” upon ‘eating, diet and food’. Indeed, her comments suggest this is a dominant framework, generating increasingly regulative
‘health’ pedagogy, which is becoming a celebrated and defining feature across the whole school site. Indeed, demonstrating some of the ways in which ‘obesity/health’ discourse is being translated into pedagogical practice within schools, similar constructions of ‘healthy eating’, as part of these wider frameworks, featured frequently within many of the participants’ narratives:

They often have a theme for a term [...] and...you know...healthy eating was one term. (Mrs Skinner, parent of Vicky, In)

They were like always having assemblies on like...healthy food and then...they'd have like...‘No Fast Food Days’...like on a Wednesday you can’t get fast food like chips and pizzas and stuff. (Stacey, In)

Government policy, central to the production of this discourse, proposes a “whole school approach” in its measure to “achieve a healthy population of young people”, describing various criteria which must be met as part of the approach, including those around “making healthy food choices” and “physical activity minimum requirements” (Department Of Health [DoH], 2005: 1 & 6). As Stacey comments above, the participants’ narratives often reflected this, pointing to particular ‘whole school health’ pedagogy and practice, designed to ‘educate’ students and thus draw their eating behaviours and the food ‘choices’ they make, in line with this framework.

5.1.1 ‘Obesity/health’ discursive regulations: “The health rules of food”

In this way, drawing on Wright & Harwood (2009), there were particular social and pedagogical practices of the management and control of individual/social bodies associated with ‘obesity/health’ discourse, to which the participants pointed, in line with this government aim to “achieve a healthy population of young people” (DoH, 2005). Indeed, many of the participants spoke about their attempts to bring their own eating into accordance with regulatory government guidelines, adopting this authoritative ‘knowledge’ within their own lives:

I started following the government guidelines...like five portions of fruit and veg a day and I was like completely obsessed with that. (Jane, In)

I was like always eating like five portions of fruit and vegetables first. (Vicky, In)
Ruth’s narratives were also particularly illustrative here, the language she used pointing consistently to just how regulative these discourses of ‘eating and food’ and ways of thinking about ‘health’ are. Rather than presenting any notion of a socio-culture in which she felt the freedom to make open, healthy choices about the foods she ate, Ruth’s comments pointed to an extensive and demanding pedagogy, which she appeared to find somewhat overwhelming, as she strived to comply with “the health rules of food” this defined:

I still feel now and am always trying to keep up with the health rules of food. I need to follow them to help me feel better. I prefer to eat things that have been recognised as healthy, low fat, low calories etc. whole-grains, just more natural. I feel so much better if I eat those healthy foods as then I know I’ll lose weight, I’m in control and I’ll get the body and life I want. (Ruth, Em)

Coming to play in the management of the individual bodies of students, Ruth’s comments begin to question the embodied effects of these particular ‘obesity/health’ discourses, in terms of generating a dependence upon a compliance with these for feelings of happiness and well-being to be maintained. Her comments allude to the potential emotional impact of these discourses for some young people which, to date, remains relatively unexplored (Fullagar, 2009: 109). Her language points, also, to the endless promises of ‘obesity/health’ discourse and the positioning of the ‘thin/slim/fat-free body’ as the most desirable goal within this framework. As Ruth comments above, this is also a seductive construction of ‘the most desirable life’ and the ‘feeling of being in control’ which the achievement of this particular “pedagogy of the body” (Rich & Evans, 2009b) is supposed to attain.

Ruth’s narrative illustrates how this discourse ‘informs’ her own understanding of ‘eating and food’. This is not to say, therefore, that the discourse will be experienced in the same way by all young women and girls; students read, experience and resist these practices in differing ways - although there were certain similarities evident, nonetheless, within the particular group of participants whose voices inform this research. For Ruth, how she is drawing upon this dominant framework, continues to be illustrated in her comments below, as she outlines the attempts she has made to
comply with the exigencies of the discourse, to stick to “the health rules of food” in order to “get it right” (Ruth Em):

I remember when I was seriously dieting and was getting to the point of not eating a lot or properly at all and I was sitting in the canteen at school looking around at all the boards, pictures and notices. There were so many facts I was trying to take in about food, “5 portions of fruit and veg a day”, “wholemeal helps your body”. I was trying to get it right, take it all in and do the best I could do but obviously at this point things were too much out of control. (Ruth, Em)

There is an irony here, however, in that through her rigid compliance with “the health rules of food” that ‘obesity/health’ discourse outlines, Ruth has ended up feeling that things are more “out of control” for her than ever before.

5.1.2 Monitoring, surveillance and (food) control at school: ‘The Smart Card’

As ‘health’ is integrated within discursively constituted regimes of bio-power within the social institutions of ‘welfare societies’ (Parusnikova, 2000: 131) – the focus here, being upon schools - the introduction of more visible/observable and overtly constraining techniques to control the (‘healthy’)body and its behaviours also emerge. In their March 2006 report, Ofsted recommend that “all schools should have a food policy” (Ofsted Report, 2006, DfES: 6) and some of the participants also alluded to their experiences of such, as a penetrating pedagogical practice. Mrs Gibson, one of teachers at Eastwood House who participated, described a new method of ‘food control’ recently implemented at the school which her eight-year-old son attends. Drawing on ‘obesity/health’ discourse and intermingling wider discourses of ‘food and risk’ (Leahy & Harrison, 2004), this new regulatory, pedagogic practice has emerged correspondingly with the positioning of children and young people within the discourse, as inherently greedy, ‘out-of-control’ and therefore ‘at risk’ from the dangers of junk food (Burrows & Wright, 2004b: 83). This is a construction of children central to the operation of this particular “bio-pedagogical practice” (Wright, 2009: 1) now being used in schools which, through a discursive emphasis on producing an imagined ‘better quality of life’ for young people, legitimates such invasive and pervasive monitoring, surveillance and intervention within their lives. Mrs Gibson talks about the integration of this new practice recently introduced at her son’s middle school, known as the Smart Card:
MRS GIBSON: It was parents’ evening last night and…what they do…they have a Smart Card…like a swipe card thing…to put their dinner money on…and what they do is they have a maximum amount the child can spend so they can’t like let the child save the money and not eat all week and then have a massive blow out on Friday or something…and they’re not allowed to have any money or a vending machine or anything…they have to have the Smart Card.

RA: Oh right.

MRS GIBSON: And another thing you can do is you can actually get a printout of what they’ve eaten to make sure that they’re not eating…you know…

RA: I see…so is this for parents?

MRS GIBSON: Well all the…the teachers monitor it as well cus she said…“oh sometimes I have a look” and…she’ll say to one of the kids “oh why did you have a pizza at 11 o’clock?” and the kid would say “oh I didn’t have any breakfast”…so she’s saying “make sure your child comes to school with breakfast”…emmm…but yeah…you can actually request a copy of it.

[Mrs Gibson, Teacher at Eastwood House, In]

Mrs Gibson’s language illustrates, once again, just how regulative these discourses around ‘obesity/health’ have become, describing a critical level of monitoring and surveillance in her son’s life around what he is eating each day, maintained across the school between both parents and teachers. Considering the relentless and unavoidable nature of these surveillant ‘health’ pedagogies therefore, associated with the government’s objective to create a “whole school approach involving the whole school community” in “becoming a healthy school” (Department of Health, [DoH] 2005: 4), it is indeed as if the whole school environment has become conducive to teaching and enacting the ‘health’ imperatives of ‘obesity/health’ discourse. Although this is presented as a valuable and essential means of government intervention designed to ‘make young people healthy’, if we are to draw here upon Foucault’s (1977; 1990) notion of bio-power, then we can view these ‘healthy’ practices and policies, instead, as a collection of policies, practices, technologies and ideologies of government acting as critical determinants of power distribution within societies.
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(Dugdale, 2008: 27). As such, as we have seen, it appears that the participants negotiating their lives within these school contexts have little escape from these dominant constructions of ‘the body, weight and health’ and associated biopedagogical practices of power (Wright & Harwood, 2009). The following sections of the analyses in this chapter will continue to explore the impact of these dominant discourses upon the participants, within the formal education contexts of their schools.

5.2 “So I just thought…oh I just wanna lose a little bit”: The Self-Regulating Subject and the Normalising School

“So I just thought…oh I just wanna lose a little bit…just a little bit…to get like…like toned and sort of like…normal.” (Susie, In)

The data have revealed the ways in which, to draw upon Foucault (1977; 1990), these young women’s bodies were normalised and regulated through these dominant ‘obesity/health’ discourses within schools. Within this framework, the particular (‘thin/slim’) bodies these discourses prescribe are specifically designed to suit certain ‘health’-related economic and cultural purposes (Kirk, 2004: 55), produced within and through these power/knowledge networks which, when recontextualised within schools, are further developed to offer the practical and pedagogical resources to become this notion of the (‘healthy’) subject they support. Drawing on strong moral imperatives, these discourses provide the ‘knowledges’ and means to assess, value and evaluate ‘good/bad’ ‘health’ behaviours. Situated and produced, however, within wider, contemporary neo-liberal frameworks, collectively, these discourses position the responsibility for this management of ‘health and the body’, primarily, with the individual (Crawshaw, 2007: 1606). The pressure to “effect by their own means…a certain number of operations on their bodies and souls” (Foucault, 1988: 18); as students’ bodies are rendered visible across the social spaces of schools, conforming with the notions of body that the discourse outlines is also not only about ‘being healthy and slim’ but, in addition, carries moral characterisations of the bigger/fatter subject as lazy, irresponsible and greedy (Gordon, 2000), as Ruth describes:

I really fear any comments of being fat as then I just feel inadequate and not as good. If I was like proper obeese that would hurt. (Ruth, Em)
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As a signifier of latency and lack (Lebesc & Braziel, 2001: 3), non-conformity through an embodiment which overflows these strict discursive boundaries (Bovey, 1994: 1) can therefore produce feelings of deep discomfort, guilt and shame (Cooper, 1998: 2) for children and young people required to negotiate ‘obesity/health’ discourse at school.

5.2.1 The abject subject: Exploring (‘fat’) embodiment at school

For all of the participants, becoming this self-regulated subject whose ‘healthy and desirable’ embodiment is marked by an absence of fat emerged as a strong and deeply rooted theme within their narratives, significantly connected to their schooling experiences:

When I went back to school I just got really depressed…I don’t…I don’t actually know why…I just felt like really depressed…I just felt like really horrible…I felt like really fat and I didn’t really want everyone to see me. (Jane, In)

Sensitive to how their bodies are being positioned within these dominant ‘obesity/health’ discourses at school, Jane alludes to this above, describing her return to mainstream schooling after she had left Eastwood House, as a critical experience for her in terms of how she was making sense of her body within and through ‘obesity/health’ discourse at school, leading to feelings of depression. Ruth, in particular, also spoke about this at length, describing her restricted eating practices and her deliberate attempts to maintain her ‘thin’ bodily disposition as a means of escape from the way she perceived her body would be socially positioned otherwise within these discourses, through comments made at school:

When I like lost like loads of weight and got really skinny…it just scared me and I was so depressed and I really wanted to take control and I really wanted to eat and I did try…but the guilt…it was…it was the most horrible thing…screaming and crying and I knew I was just wasting away…but at the same time I had that feeling of being…I felt safe at the same time because I was skinny and I was safe from any comments about being big and that and I thought…no one can say that to me now…there’s no risk of that. (Ruth, In)

Indeed, ‘obesity/health’ discourse was a discourse so powerful in its constitutive effects for Ruth, as she explains above, that, for her, the risks to her subjectivity, in
the form of associated emotions, of any non-conformity to this discourse, far outweighed the benefits of returning to eating a regular diet. Indeed, any perceived non-compliance with the request for ‘self-discipline’ which ‘obesity/health’ discourse governs from the outside, was experienced by Ruth as a feeling of intense guilt, from the inside: “the guilt…it was the most horrible thing”. Ruth’s narrative here, illustrates, therefore, how this discourse is reinforced, socially, by a complex system of discursively produced ‘punishment and reward’ as it is taken-up as pedagogy and practice in schools, as “what health education does construct, is identity” (Gastaldo, 1997: 118). For Ruth, as she continues above, she had come to understand her conformity with the particular ‘bodies and behaviours’ the discourse prescribes, therefore, as the only vital means of feeling “safe” from the threat of being socially positioned within this framework; positioned within and through this dominant social construction at school, of “being big”.

5.2.2 Weighing and surveying the subject at school

Some of the other participants also described experiences, during which they felt they had became subject to the humiliations of these ways in which their bodies were being normalised at school. Many came to ‘know’ and understand their bodies through these frameworks, which construct ‘fat’ as “a sign of some evil, moral deficiency” (Klein, 1996: 22). Their voices allude to their lived embodiment as a visceral, emotionally charged experience which, when put on public display, even during more benign circumstances - for example to serve as a practical demonstration in a physics lesson - was experienced as a shameful event, with damaging consequences:

REBEKAH: We used to have to get weighed in the class and that was terrible…it was to do with maths or something…and that was horrible…because then everybody knew your weight and then…a lot of the lads actually used to go on…and…you know…shouting out your weight in the class…things like that…that was terrible…really terrible.

RA: Do you think that influenced you?

REBEKAH: Oh yeah…huge…huge…absolutely huge! It was like…after that…everything went a bit pear shaped…it’s not on…it’s really bad.

[Rebekah, In]
Although the participants’ narratives suggest that they find the measuring of their bodies at school in any way, shape or form, to be deeply damaging, recent government policy guidelines produced within and through ‘obesity/health’ discourses now dictate that all students in reception and year six are to be weighed and measured as part of efforts “to help your child achieve and maintain a healthy weight” (National Health Service [NHS], 2007: para. 5). Schools have always been recognised as sites of disciplinary power (Kirk, 1992a), engendering particular sets of practices used, historically, in the regulation and normalization of children’s bodies (Kirk, 1998: 15). As these practices have become re-framed through ‘obesity/health’ discourse in recent times, however (see Kirk, 2006), the experiences the participants describe suggest that this focus upon ‘weight’ and the weighing of pupils at school has developed as a potentially harmful practice, for them. This is a practice, possibly leading to comparisons with friends, and further emphasis upon the discursive message at the centre of this government campaign, that “weight matters” (NHS, 2007: para. 5). Vicky’s Mother also reflects on the impact of weighing children at school, below:

I mean...emmm...Vicky was actually weighed at school and that did come up...you know...as a possible starting point...not the starting point of course...there are so many but...this was at her school before and I think it was to do with measuring volume or something...I think it was in a physics lesson but...all the girls were aware of what they weighed and Vicky was aware that she weighed more than two of her other friends at that time...and that did come up with her...so yes...no...I think those things are to be avoided...definitely. (Mrs Skinner, parent of Vicky)

Indeed, as ‘health’ education policy, pedagogy and practice within schools is developed and produced within and through these ‘health, weight and fat’ focused discursive frameworks (see Rich & Evans, 2009b; Azzarito, 2009a), it is important therefore, to consider, the subjectivities, bodies and behaviours being made available to the participants within these school ‘health’ contexts and networks of (body)surveillance, and how their narratives suggest they are being positioned at school. The participants, it seemed, were being positioned within discourses recontextualised and re-produced within formal school contexts as discursively constructed ‘health’ education pedagogies and practices, which moralise and
normalise how the body should ‘appear’ (Evans et al., 2008b: 59). Using this authoritative discursive ‘knowledge’ to make sense of their weight and size therefore, their voices allude to the ways in which they were being positioned within these ‘obesity/health’ frameworks at school, often expressed as unhappiness with their own physicality, as Vicky comments below:

I’m really fat now…my stomach is like…really fat.
(Vicky, Ic)

Narratives such as this were repeated, frequently, during organised data collection and also during informal discussion. The conversation often developed into a collective critique with each participant reprehending their own body size and comparing it with others:

I thought I was getting like…like plumpish and like fat
and like my friends all seemed really much skinnier than
me and everything. (Susie, Fg)

During my immersion within the field at Eastwood House, whilst informally engaging with the participants, I noticed that this was happening so often and with such negativity that, after a time, I began to actively attempt to invoke a change of subject (Researcher Field Notes, 18th February, 2005).

I want to be like…toned…but I feel flabby. (Vicky, Fg)

I’m so fat, I’m so fat, I’m so fat, I’m so fat. (Kate, Pd)

Post-structuralist feminist theories emphasise how bodies and subjectivities are produced within shifting relations of power, through cultural representations and social relations (Rice, 2007: 158-159). As the participants negotiate their subjectivities across the social contexts of their schools, they look for discursive and embodied cues on how to present legitimate bodies and behaviours:

I’m really self-conscious of my legs because a lot of people have like…commented on them…well…this boy said I had fattish legs and stuff. (Claire, In)

Therefore, as they struggle through this (‘fat’) politics of (‘self’) representation, they learn ‘legitimate’ body practices, through body pedagogies in schools:

There was the teacher…she was saying like stuff…like…to all the pupils like “oh you’re all so lucky at the moment you can eat like houses but you’ll all be
really fat when you’re older if you carry on eating like this”. (Jane, In)

In this way, they “rehearse, elaborate and instantiate cultural modes of representation” through their embodied communication (Wetherell, 2001: 24). As particular bodies are recognised and others are rendered ‘abject’/‘fat’ within schools, this can be viewed, less as a means of ensuring a safe, rewarding and healthy schooling experience for young people, and more as a central component of the political regulation of bodies and ‘health’ in western/global cultures (Malson, 2008: 27).

5.3 “They taught us like…fruit and salads are healthy and ice-creams aren’t”: ‘Health’ Education and Dualistic Constructions of ‘Good/Bad’ Food

“I used to do like emmm…health skills and that in PHSE […] and we did about healthy foods and emmm…they taught us like salads…fruit and salads are healthy and chocolate and ice-creams aren’t.” (Tracey, In)

As well as making sense of the ‘size, shape and weight’ of their bodies through these ‘obesity/health’ discourses, the participants’ narratives also pointed to the authority of ‘knowledge’ about ‘eating and food’ that ‘obesity/health’ discourse prescribes, as it instructs the subject upon the ways in which they are to achieve this ‘healthy embodiment’. It appeared these particular constructions of ‘eating and food’ were focused, not only upon a certain reduction in, and restriction of, the amount of food to be consumed, but they were also narrowly focused upon simplistic, dualistic constructions which categorize food types into ‘good’ (fruit and vegetables) and ‘bad’ (sugar and fat), learned within schooling contexts (see Leahy, 2009: 180). Indeed, as ‘obesity/health’ discourse increasingly informs education pedagogy and practice, ‘health’ education itself, suggests Evans (2004: 289), is “based on a series of dualisms: right/wrong, thin/fat, fit/unfit, healthy/unhealthy”. Within anti-obesity education in the UK there is a tendency to reduce ‘health’ to ‘biological health’, constructed in terms of these simple dualisms:

I think like…I just feel like…cus at school they teach you about healthy eating…like what’s good to eat and stuff…and like you get the information…they like teach you about fruit and stuff and vegetables and…all that is like good food…and like chocolate and crisps and chips is like bad food and you shouldn’t eat it…
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like…and…I dunno…you start thinking about that and you get like…you start getting really obsessed. (Jane, Fg)

Within the narrow framework of this dualistic thinking there is little allowance for inclusion of particular foods, which are ‘demonised’ by the discourse and ‘outlawed’. Young people learn, therefore, through this dominant discourse, that a ‘healthy diet’ is achieved by eating ‘good’ food and eliminating the ‘bad’ (Evans (2004: 289):

I learnt about what healthy foods are from just what I was always hearing, good and bad foods. I find it hard enough eating but if I'm putting good foods in my body then it feels better as I’m not harming my body with bad foods. (Ruth, Em)

As Jane and Ruth’s narratives illustrate, the ways in which they are making sense of ‘eating and food’ through this discourse can become problematic, creating obsessions around foods that ‘should’ be eaten and avoidance of those that ‘should not’. For the participants, defining ‘right/healthy’ eating within the limits of this binary and participating in the various discursive practices through which these food-related meanings are made, also involved a positioning of subjectivity/“self” in terms of these categories and storylines (Davies & Harré, 1990: 47):

If I was to put good food in me before when losing weight, then I felt that only good would come out of it, it did something good to me. I felt a good person. And now when I’m recognised for eating healthily, it shows I’m not weak and eating rubbish all the time. People thought I was so good eating well for my body and now I just can’t eat rubbish foods such as crisps and chocolate. I now think that when I eat the bad foods, like I had to at the clinic, it made me hate myself even more as it makes me feel much more guiltier, therefore I get more anger and hate and feel so much worse about myself that I need to make up for this feeling by losing weight. (Ruth, Em)

As Ruth comments above, the act of avoiding ‘bad’ foods in favour of ‘good’ emerges explicitly as a normalizing practice with the power to define her own subjectivity in terms of this binary. In this way, we can see how Ruth is engaging in the discursive practices through which ‘health and right eating’ is made into a lived narrative (Davies & Harré, 1990: 53).
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5.3.1 Abhorrence of dietary ‘fat’: Lessons in avoidance

As well as positioning/producing ‘the fat body’ within and through ‘obesity/health’ discourse as ‘completely undesirable’, the participants’ constructions of eating and food also drew upon dominant notions of ‘dietary fat’ as something to be avoided and abhorred:

It was just deep fried fat food…it was annoying…everyone would come in the classroom [at Eastwood House] and say “oh we’ve got fish, chips and cake”…and it was like gross (Olivia, In).

This was a strong theme which emerged within their narratives, producing and positioning this culinary ‘evil’ within and through a moral discourse of guilt and disgust, inflecting the consumption of foods known to contain it with potential repulsive consequences:

But…seeing all the chips and everything…it just felt like I was surrounded by fatness and everything…it was really suffocating. (Ruth, In)

If I see someone having something healthier than me I immediately feel guilty as I feel I am eating so much fat and it disgusts me. (Ruth, Em)

But everything is basically fat…there’s loads of fizzy drinks, waffles, chips, burgers, hot dogs and sausage rolls and stuff like that…the only thing that’s nice is like fruit…and water. (Susie, In)

The participants were drawing here upon notions also prevalent within other social contexts, as school cultures intersect and interact with wider popular pedagogy, media discourse, family and peer cultures (see Chapter Six). However, as their voices bear testament, this is a contemporary, dominant discourse of ‘dietary fat’ being recontextualised and re-produced within the ‘health’ education curriculum at the schools they attend:

We learnt that like chips and burgers were fatty…and also crisps and chocolate. (Claire, In)

When asking the participants to reflect upon what they had learnt about food at school their responses continued to draw in this way upon ‘obesity/health’ discourse,
pertaining to the ‘undesirability and disgust of dietary fat’. As Vicky comments below however, their narratives also point to wider discourse of ‘the health risks of fat’, within which ‘obesity/health’ discourse is grounded. As Vicky’s comments reveal, the pedagogies of health education she experienced in school were grounded in this discourse, such that ‘health risks’ were normalised and inscribed in both policy and pedagogy through moralistic discourse based on the abjectification and fear of ‘fat’:

Food tech is a big problem because my teachers are always passing the message that fat is bad and that we all need to cut down. (Vicky, Dd)

Vicky’s account makes reference here to the translation of moralistic discourses of healthism into a pedagogic form. The re-production of this particular notion of ‘the need to avoid dietary fat’ within ‘health’ education, and its negative impact on the embodied subjectivities of many of the girls at Eastwood House, was a discursive theme observed by Mrs Bailey, one of the teachers who worked at Eastwood House:

I’m sure they were taught about healthy diets and unfortunately I think the emphasis is very often on low fat diets…”don’t eat too much fat it’s bad for your heart…etc….cholesterol…damages your blood vessels” and all the rest of it…learn about that and they take that on board and they don’t realise that this is not to do with young people who are still growing…I mean…they talk about healthy diets…what you should eat…they talk about the dangers of too much anything…particularly the dangers of too much fat…so…you know…but that’s the only side. (Mrs Bailey, Teacher at Eastwood House, In)

Mrs Bailey’s comments allude to the body pedagogies that many of the young women in the study had experienced prior to their residency at Eastwood House. These pedagogies draw upon moral imperatives which guide young people towards particular body practices. And these practices echo the findings of Burrows & Wright (2007: 94), who suggest that, positioned within a moral, fear-based discourse, popular social constructions of dietary fat are often diluted and distorted within the curriculum content, foregrounded in the notion that ‘fat is bad’, rather than in discussions of what fat does in the body. Whilst different young people may read and interpret these discourses in different ways, the data reveal how, for some young women, these are powerful discourses which not only shape their understandings of health, but also the
ways in which their bodies and subjectivities are constituted. For the young women who inform this study, they suggested that schooling played a significant part in their understanding of ‘dietary fat’ as ‘an immoral risk to be avoided’, rather than a nutrient their growing bodies need. Mrs Johnson, Olivia’s Mother, talked about the consequences of the circulation of this discourse, in terms of how Olivia came to understand health as the avoidance of dietary fat, altogether:

You get someone like Olivia…and you wouldn’t even get them to eat it in moderation because they’ll be relating hamburgers and things like that with people who are fat…and they won’t understand that their bodies need a certain amount of fat. (Mrs Johnson, Parent of Olivia, In)

This is a way of framing ‘health’ knowledge about food within a constrained discursive knowledge base, inciting normalising and self-regulatory practices ‘in the name of health’, as a bio-political contribution to the management of social and individual bodies (Gastaldo, 1997: 130):

KATE: I didn’t think about calories…I just thought about fat.

VICKY: I measured fat at first.

KATE: Yeah…I measured fat…I’d make sure that I didn’t have like more than 5g of fat in a day…and then it went down to like no more than 1g.

[Focus Group]

As illustrated in their comments above, Vicky and Kate drew upon particular meaning systems, which positioned/produced them as ‘moral, healthy citizens’, learning to measure and limit their intake of dietary fat, as prescribed by ‘obesity/health’ discourse. These narratives reveal the impact of schooling processes which ‘discursively reproduce and re-inscribe these ‘healthism’ type discourses’ (Halse, Honey and Boughtwood, 2007: 228) in the constitution of ‘healthy girl’ subjectivities. One might question whether this particular social construction of ‘fat’ – either of eating it or of its presence upon the body – should so significantly inform and contribute to the pedagogy and practice of contemporary health education curriculum. Indeed, as Gastaldo (1997: 113) suggests, and as the participants’ voices have illustrated so far, ‘health’ education, at present, is something we may need to think
about carefully, questioning the assumption of whether it really is “a healthy practice” and “indeed, good for you”?

5.3.2 ‘Health’ education and disordered eating

The constructions and prescriptions of ‘right eating’ the participants report learning within ‘health’ education contexts, emerge as frameworks of understanding and normalised ideas, in line with the neoliberalisation of ‘health’ and ‘healthcare’ and the intensification of cultural concerns about ‘weight’ management. Whilst, perhaps some young people may be unaffected by ‘obesity/health’ discourses, their constitutive effects on these particular young women are particularly powerful because of the connection between these body pedagogies and what Malson (2008: 35-36) suggests can be understood “as part of the conditions of possibility of anorexic subjectivity and practice”. In this way, part of the ‘treatment’ the participants received at Eastwood House, involved an attempt to ‘reverse’ and subvert this “hyper-disciplined micro-management” of food/the body (Malson, 2008: 35), where they were required to follow a programme, designed, it was hoped, not only to help them re-gain the body weight essential for their survival, but also to address, redress and re-learn their fears and understandings of ‘bad foods/fat foods’:

There’s things I won’t touch…chocolate…and I don’t…and chips. (Olivia, In)

As part of their re-feeding treatment they were required, therefore, to eat a wide range of these foods whilst in residence at Eastwood House. Eastwood House outlines the following guidelines in relation to this:

If we allowed the young people who stay with us to eat bread without butter and pasta without sauce then they would gain weight but, when discharged, they would remain so afraid to eat other foods such as cheese, chocolate, chips and cake that they would not be able to socialise normally. Whilst in residence here, the young people eat a wide range of foods, including chips and burgers, pizzas and chocolate bars. We are not content for our residents to simply eat and gain weight, we are also interested in what they eat. (Adapted from Treatment Centre, programme guidelines, July, 2008)

The powerful and enduring impact of the translation of health discourses into policy and pedagogic action was revealed when these girls returned from Eastwood House
back into their mainstream schools. Attempting to counter the dominant ‘obesity/health’ discourses which construct these foods as ‘bad, fearful and to be avoided’, presents a difficult task for Eastwood House as young people who have received re-feeding treatment return to school ‘health’ education contexts replete with these very discourses. At least half of the participants had undergone re-admissions to Eastwood House, some up to four times, many referring to the ‘return to school’ as having a negative impact on their relationship with food and embodied consciousness. Indeed, some of the narratives of the parents and teachers who also informed this research alluded to the potential of these ‘healthy’ school contexts to confirm and re-inscribe some of the discursive practices of disordered eating:

I think it…I personally think that it would encourage their eating disorder because it would make it more socially acceptable for them to go round with a bowl of fruit…and they’re not…they’re going to get praised for that...“oh you’ve chosen the fruit…oh wow…well done!”…do you know what I mean? (Mrs Gibson, Teacher at Eastwood House, In)

In light of this, we need to ask different questions about cultural representations of health, suggest Evans et al., (2008b: 128), and their legitimation within social contexts and associated pedagogical fields. Indeed, as the participants’ narratives have suggested so far, these are discourses of ‘the body, weight and health’ recontextualised within the health education curriculums of schools, through which their subjectivities were being constituted in ways that are actually damaging to their health.

5.4 “You asked what being healthy means to me”: The Pursuit of ‘Health’ in Performative Schools

“You asked what being healthy means to me and the answer is, it means everything.” (Ruth, Em)

The analysis so far has explored the discourses of ‘the body, weight and health’ translated into school contexts, through which the participants were making sense of their own bodies and ‘health’. To consider these dominant discourses and their endorsement within schools, in association with particular normalising and regulating practices (Wright, 2009: 1), is not to assume, however, any acontextual or uniform conformity here, for all students. The social construction of meanings around the
body may vary by gender, class and race, presenting the need for a theoretically informed analysis which considers these “dynamic and fluid categories” (Azzarito & Solmon, 2006a: 75-76). Considering the social classed dimensions of these wider discourses therefore, means bringing attention to the performative conditions of contemporary schooling, brought about by marketization, reflecting neo-liberal rationales (Hursch, 2005) and the impact here upon ‘health’ education reform agendas, body performance and ‘perfection’ (Evans & Davies, 2004). The ‘achievement of health’ and the management of young people’s bodies within these school contexts, it seems, is to be afforded a similar status and pursuit to that of ‘academic excellence’ (Rich & Evans, 2009a: 3), and this emerged as a particularly strong theme within the majority of the participants’ narratives. Their constructions of ‘healthy eating’ practices were built up around morally-imbued, performative neo-liberal goals, reflecting a desire to develop practices concomitant with dominant discourse of ‘right’, ‘healthy eating’, drawing on the authority of discursively prescribed government or other health agency expertise, advice and information, frequently recontextualised as ‘health’ pedagogy and practice in schools:

VICKY: I started by healthy eating…and like for breakfast I’d just eat fruit […]

JANE: I’d have like my 5 portions of fruit and veg…

LARA: I was just like fat so I did need to lose weight…I cut out like crisps and that…

SUSIE: I cut out crisps and chocolate and take up fruit and stuff…

VICKY: I cut and crisps and like Mum noticed cus she gave me crisps to take to school for a snack and I never did anymore…I took a snack like an apple instead.

[Focus Group]

Within performative ‘health’ education contexts where the attainment of ‘health’ for young people is to be perceived as an ‘achievement’, this is also always produced as a relative ‘achievement’, subject to the ‘achievements’ of others and inevitable competition and comparison. The effects of performative ‘health’ discourse within performative schools can, therefore, be particularly damaging via these means (Rich & Evans, 2009a). In this way, the participants spoke about their pursuit of ‘health’ as
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a struggle, consistently compared to the efforts of others – particularly other white, middle-class girls who pursued similar goals, including those with whom they had developed friendships:

I take a lot of notice into the healthy eating of my friends (now more than ever) and if I feel they are eating more healthier than me it will really get at me. However with my mate, even though I knew she was healthily eating I thought she could eat whatever and get away with it so I had to work harder which meant eating more healthier, which in my case was less fat, less calories, less food, and more exercise to just get me that one step ahead. (Ruth, Em)

As relational constructions, contemporary discursive measures of ‘health’ also emerge, therefore, as ‘healthy states’ which are constantly strived towards, in order for the participants to conceive of themselves as ‘healthy’ subjects:

But when I did start dieting I did go a lot healthier…it was good…but then it got really like limiting lots of food and then just like to three meals a day…very healthy…no snacks…nothing and then it just deteriorated and deteriorated and it was literally just starving…it was only for like for a few weeks before I…before they got me in here. (Ruth, In)

Such accounts reveal how these young women were reading body pedagogies in such a way that particular (damaging) practices, enacted upon their bodies and daily intake of food, were assumed by them to position/produce them in the eyes of others (particularly peers) as ‘socially acceptable, thin, and “good” healthy subjects’. However, as Ruth comments above, within these performative school contexts a ‘healthy’ subjectivity, especially when compared with peers and friends, is never quite finished or fully complete, as it is only ever context or ‘other’ specific. As such, within these contexts, ‘health’, like all other ‘achievements’, exists as a ‘never attainable state’, lived out through a discourse of ‘excellence’ (Lucey & Reay, 2002a). Returning to these surveillant and performative environments at school was, therefore, a key moment for many of the participants, as Vicky comments below. Within these performative contexts ‘health’ was constructed as another ‘achievement’ to be attained, in line with other National Curriculum attainment targets:

I thought…I have to cut down a bit…and then I just went to like healthy eating over the summer…and I was like always eating like five portions of fruit and
vegetables first…and then at my new school I just didn’t eat…it all went down completely…it all went down hill.
(Vicky, In)

As Vicky describes here, attending her new school after the summer break was significant for her in terms of the ‘healthy eating’ she had begun to practice, and it was at this point, she explains, when things began to go “completely down hill” (Vicky, In). In this way, many of the participants’ narratives were built up around a notion of ‘slippage’, as this ‘knowledge’ they were drawing on at school, about ‘health/food’, was recontextualised through the neo-liberal localities of their lives. The predominantly white middle class ‘achievement’ of ‘health’; of ‘healthy eating’ they pursued, therefore, had no limits or boundaries; continually strived for, until they were eating very little or nothing at all:

At first it was just healthy eating but I took that to extremes…I started just eating fruit and veg and nothing else…and then…like the first time I did it, eventually I didn’t really eat anything. (Jane, In)

Their voices allude to a disciplining of the body as an object of this discursive knowledge which took place within this shifting of standards within performative school ‘health’ contexts, leaving them in a state of liminality (see Harjumen, 2007; Rich and Evans, 2009a), lived as a continuous and excessive pursuit:

I tried to eat a little bit more healthily but I used to emmm…all I took out was one pudding…nothing else at first…and then it sort of got more and more…until I…I got down to like 1000 KCalories. (Anne, In)

I just like swapped crisps and chocolate for like fruit and Nutrigrain bars and low fat yoghurts…but then it sort of…went a bit far and I like…didn’t eat…anything. (Susie, In)

As ‘health’ has become medicalized and surveillant it has emerged as a dominant concept which “no longer exists in a strict binary relationship to illness”, rather ‘health’ and illness now belong “to an ordinal scale in which the healthy can become healthier” (Armstrong, 1995: 400). This presents a troubling neo-liberal politics therefore, as these contemporary constructions of ‘the achievement of health’ are lived and played out within the features of school the participants talk about. As ‘health’ is articulated through these means, rather than any broader, more holistic notion of well-being, it becomes another feature of performativity; a neo-liberal
‘working on the body’. ‘Health’ becomes a constant project which, for these participants, eventually became a significant part of their disordered eating practice and subjectivity:

I decided to go on a normal healthy diet. I would still have a bar of chocolate here and there but just not so much. I was trying to cut down on high fat foods and then within a few weeks, I was only eating small amounts of salad during the day. (Kate, Pd)

The pursuit of ‘health’ emerges in this way, as a consistent and visceral ‘state’ projected as essentially ‘(self)worthy’, yet boundary-less in its definitions with no socially defined end point of completion; no clearly defined notion of where to stop:

I started cutting out all like sweet things and all fatty things and then I started cutting meals out and it just got less and less. (Amanda, In)

The limits and possibilities of the participants’ voices point to a notion, therefore, of their disordered eating, not solely as an individual psychopathology, but as influenced by these performative ‘health’ contexts within schools and elsewhere (see Chapter Six), their particular personal investments situated in line with their particular socio-cultural, political and gender-specific (white, middle class) investments in neoliberalism, as social constructions of the ‘healthy’ body are always and inevitably mediated by intersecting discourses of gender, race (dis)ability and class (Azzarito, 2009). Their voices clearly embody that which Rich & Evans (2009a: 4) term “the paradox of liberalism”, which underpins the regimes of performativity; they are produced within a neo-liberal school culture of self-invention, through a discourse of limitless choice and endless possibilities (Walkerdine, Lucey & Melody, 2001: 2) yet their narratives of embodied experience reveal how they cope with living out “expectancies they can never fulfill” (Rich & Evans, 2009a: 6). Instead, these paradoxes around performativity become embodied through individualism and disordered eating practices, “finding expression through emotions such as anxiety and guilt” (Ibid.):

If I’d go to the canteen [at school] and there was something healthy I’d have to have it, anything to help me feel better. I am always feeling guilty, debating on what to eat, but for me the healthier options and messages if I was to always follow like before will kill me as I take them too far till I am out of control. (Ruth, Em)
Indeed, as alluded to by Ruth’s comments above, it is the dominant discourses which surround disordered eating, which at least circumscribe the very consciousness of those who develop these issues, suggests Eckerman (1997: 158), thus, “if ‘anorexia’ represents slavish observance to the specifications of medical and public health discourse”, then “its entrance into the realm of the ‘abnormal’ in relation to psychiatric categories is somewhat ironic” (Ibid.: 162).

5.5 “*We learnt in P.E that exercise like...burns calories*”: ‘Health’ (& Weight) Based Physical Education

“We learnt in P.E that exercise like...burns calories.”

(Jane, In)

As ‘obesity/health’ discourse becomes an increasingly pervasive discourse across the social contexts of schools, it appears that the notions of ‘the body, weight and health’ it constructs are becoming particular features of physical education. The analysis so far has explored the formal context of ‘health’ education, pointing to this as one social space in schools in which the participants have been positioned within ‘obesity/health’ discourse; exposed to the normalising and regulating bio-pedagogical practices produced here within and through this discourse, and the associated performative notions of weight-based ‘health’. As a more specifically body-focused context however, long associated with the improvement of ‘health’, the physical education curriculum in the UK and elsewhere, is also becoming an increasingly ‘health and weight’ focused context, and several themes emerged around this within the participants’ narratives. Physical educators, suggests Gard (2004: 69), have responded to the “recent avalanche of popular and academic interest” in ‘the health risks of obesity’ and its assumed ‘epidemic proportions’ by “claiming special expertise in the area of weight control”. Producing a “Health Based Physical Education Curriculum (HBPE)”, (Tinning & Kirk, 1991), in this way, the curriculum of contemporary physical education is becoming increasingly dedicated to the espoused ‘health’ goals of ‘healthism’ and ‘obesity’ discourse, developing new monitoring procedures, such as fitness testing and other measurements of body size, weight and shape, which are incorporated into teaching practices (Gard & Wright, 2001: 535):
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In P.E we haven’t actually…we haven’t like…we have to be fit like cus they go on about your fitness and how like how fast you are cus in circuits…we did circuit training…and like…control and like balance and stuff. (Susie, In)

Indeed, in their descriptions of their physical education experiences, and as Susie comments above, the participants’ narratives suggest a move towards this ‘health/weight/fitness’-based approach to physical education, as the recontextualisation of ‘obesity/health’ discourse into school cultures transforms their experiences of things like P.E:

We learnt in P.E that exercise like…burns calories and like…keeps you at a good weight. (Jane, In)

In this way, as Susie comments above, their voices reveal a discourse of body ‘weight/size’ as the principal site for reading individual ‘health’ within physical education (Burrows & Wright, 2004a: 193). “There are perceived expectations for bodies in physical education to be ‘healthy bodies’” suggest Webb, Quennerstedt & Öhman (2008: 353), and “for students to display a slim body that is equated with fitness and health”.

5.5.1 Physical education as pleasure of movement or “good for burning”? The unquestioning acceptance of ‘obesity/health’ discourse within physical education however, suggest Gard & Wright (2001: 535), may be “silencing alternative ways of thinking about and doing physical education”, adopting this ‘health/weight’-based focus instead, which eclipses the potential joy and pleasure in finding out and experiencing how your body can move and work (see Wright, 2004a):

Oh and another thing I did was gymnastics at school. I thought that was very good because it’s exercise and you learn to keep yourself fit and healthy. (Olivia, Dd)

As Olivia comments above, we can see she is making sense of physical activity and of ‘moving her body’, through this notion of ‘health and fitness’ defined by ‘obesity/health’ discourse, rather than any understanding of exercise as an enjoyable or pleasurable experience (indeed this was absent from the rest of her narrative). The notion of doing exercise simply for the enjoyment of the experience, remains a more holistic reading of the body, marginalized by the notion that “bodies need shaping,
training and ‘work’ to achieve an unachievable ideal (Evans & Davies, 2004), (Burrows & Wright, 2007: 16). The opportunity to explore sport and physical activity as, in Pronger’s (2002: xii) terms, “a profound and intrinsic experience” which represents the body’s potential for freedom and ‘transcendence’ through movement and alignment with the flow of life, may thus be diminished, as ‘health and weight(loss)’ imperatives press young people “towards increasing modes of performance, and away from emphasizing creativity, diversity, exploration and the joy of movement” (Miah & Rich, 2006: 267).

As the participants’ voices reveal, many of the physical education and sports experiences they describe, were oriented around discursive constructions of biological ‘health’; “body as machine” (Hoberman, 1992; 1994); and ‘the ultimate goal of weight loss’. Very little focus emerged around “those intrinsic values”, which Wright (2004a: 149) outlines, such as “the value of happiness”, which should “lie at the heart of physical education and should be preserved”. Susie, for example, who was twelve years old at the time she spoke to me, also shared her experiences of physical education which, at the outset it seems, she constructed as “fun”. However, as she began to draw upon ‘obesity/health’ discourse to understand these activities, and intermingling constructions, therein, of ‘exercise = health’ and ‘exercise as a means of burning calories and weight control’, her narrative, below, illustrates how her motivation for participation changed:

At first I liked P.E just cus it’s fun and...it’s exercise and it’s healthier and like...emmm...it’s quite fun cus like you’re not doing work and stuff...you’re like...and whatever...but then I thought...oh yeah this is really good for burning...cus we did circuit training. (Susie, In)

Susie has come to make sense of physical education here through the framework of ‘obesity/health’ discourse, wherein ‘exercise’ is now positioned and produced as “good for burning” [KCalories], rather than as something that is “fun”. Her narrative points to this discourse as an increasingly pervasive feature of physical education – and physical education as a school context increasingly held accountable for children’s ‘weight and health’ (Kirk, 2006: 121).
5.5.2 Becoming healthy?: Constituting ‘risk’, ‘moral superiority’ and (over) ‘exercise’

Leahy & Harrison (2004: 132) suggest that a notion of ‘risk’ is also central to the “Health Based Physical Education (HBPE)” curriculum (Tinning & Kirk, 1991), both managed and produced by ‘expert knowledges’ of what is ‘best for health’. HBPE, as such, is presented as a ‘moral crusade’, emerging as a bio-political project concerned with ‘shaping’ the bodies of students as a means of addressing these ‘health risks’ (Gard & Wright, 2005). Such ‘expert knowledge’ in the form of “new health imperatives” (Evans, Rich & Davies, 2007: 12) is thus imbued with the power to locate and allocate ‘blame’. The responsibilities placed upon young people to engage in physical activity are produced, therefore, as a moral obligation; as part of the requirements of neo-liberal subjectivity, legitimating judgment and intervention ‘in the best interests of all’ (Ibid.). The participants’ voices alluded to the emergence of this moral discourse of ‘the social duty to exercise’, grounded in the multiple effects of ‘risk’ and intersecting ‘obesity/health’ discourse and legitimating criticism of their efforts in physical education in ways which, in other social justice contexts, would not be allowed to happen in schools (Burrows & Wright, 2007: 94):

In PE they used to tell us not to be lazy and call people lazy if they thought they weren’t trying hard enough at what we were doing. (Tracey, In)

The pervasiveness of ‘obesity’ discourse however, suggest Burrows & Wright (2007: 94), “particularly its ‘everyone, everywhere is at risk’ message” allows things to happen in schools that contradict the very strong social justice intent and ethos expressed at government level”. This also includes the construction of ‘exercise’ through the ‘moral’ notions prescribed by the discourse, producing it thus, as nothing short of ‘virtuous’, and the positioning of those who partake therein, as ‘more worthy subjects’. As ‘obesity/health’ discourse intermingles with discourses of performativity in schools this may create damaging contexts for those students who are more invested in the aspirations of neo-liberalism. Similar to the relational notion of ‘health’ as a boundary-less achievement within school ‘health’ education contexts, as discussed in the previous section, some of the participants’ narratives pointed here, to an endless notion of ‘fitness’ as never quite finished or fully complete, emerging within performative, HBPE school contexts:
RA: Were you on any teams?

GEMMA: Most of them…they can’t say you can only be on certain teams…you can…if you can get into them then you can be on every team […] and if you’re doing lots of extra sports at lunch time and you have like team practices…there wasn’t always time to fit in lunch or anything like that.

How much exercise is ‘enough’ and how ‘fit’ one should be is produced through these ‘health-risk’-focused frameworks, once again, as something to be continually increased and improved upon, lived out in these performative school contexts through a moral discourse of ‘achievement’. Indeed, many of the girls described their exercise practices as becoming increasingly excessive and “obsessive” and eventually involving exercising intensely for long periods of time:

Well like…I completely like…I started…I’d always exercised quite a lot but I like increased the exercise even more…and then like…I was like a manic exerciser…I got like…obsessed with exercise. (Jane, In)

I used to […] exercise like mad. (Olivia, Fg)

This is enacted in the first instance, as a disciplining of the body as an object of this discursive ‘knowledge’ in the name of ‘fitness and health’ and, somewhat ironically for these participants perhaps, as a means of countering the ‘health risks’ the discourse constructs. However, as Jane and Olivia comment above, no social limits or boundaries upon understandings of ‘exercise’ here, are defined within and through ‘obesity/health’ discourse.

Although this is not to suggest that well-intentioned teachers are deliberately encouraging young people to exercise to excessive levels, there is an emphasis here, which lies with this discursive construction of ‘health and physical exercise’, always as such an ‘inherently good and righteous discursive practice’, as Mr Ashby (parent of Sophie), comments below:

I think one of the things that schools are probably not aware of is the…relationship between exercise and eating disorders and in particular over exercise so…they let them over exercise and at times they even encourage
them to over exercise and I think that’s…that is a key thing…I mean…from our own experience…over-exercise was a key element of it…you know. (Mr Ashby, parent of Sophie, In)

In this way, when understood through the frameworks of ‘obesity/health’ discourse, doing physical activity and sports can be unquestionably equated with doing ‘something good’, ‘being well’ and ‘being healthy and slim’, whatever the intensity at which it is practiced, as Mr Ashby continues:

…and of course part of the problem then with over exercising is it then becomes a cycle…in the context of…of physical fitness is deemed to be…an…an integral element of being well…in their minds…and when you’re trying to get them well…which involves attacking the physical fitness that’s…that’s a really difficult barrier to then break down. (Mr Ashby, Parent of Sophie, In)

As a result, as Mr Ashby has indicated, the dominance of this social construction through ‘obesity/health’ discourse of ‘exercise = health’, particularly when it is taken-up within schools, closes down other ways of understanding exercise as anything other than ‘healthy’. For his daughter Sophie, therefore, as she drew upon ‘obesity/health’ discourse, his narrative points to how she came to understand increasing levels of exercise through this framework, as a legitimate and worthy practice, and was unable to make sense of it in any other way:

…and emmm…our daughter was not satisfied with…you know being a major participant in a particular team sport she’d have done…you know…swam a mile before breakfast and would also go and do something else after the…the match…and…emmm thought nothing wrong…saw nothing wrong with that. (Mr Ashby, Parent of Sophie, In)

Within performative HBPE and also within other, wider discourses of sports (see Hughes & Coakley, 1991), intense levels of exercise and corporeal sacrifice may be constituted as a desirable and highly esteemed practice. For this reason, there is a need for a critical pedagogy in physical education (Kirk, 2006: 121), which provides a critical engagement with ‘obesity/health’ discourse, particularly in terms of the ways in which it is being recontextualised within these increasingly performative body-focused social contexts of schools, to which the participants narratives have alluded.
5.6 “For me this makes things so much more dangerous”: ‘Health’, Discourse and Resistance

“I think schools and government are always talking about school meals and offering just healthy foods, but for me this makes things so much more dangerous. It feels like there’s like a thing from governments and from schools for kids to lose weight and that.” (Ruth, Em)

The participants’ narratives have pointed to the ways in which their bodies and subjectivities are being constituted through ‘obesity/health’ discourse at school, in the production of the desirable ‘healthy, slim and fit, good and moral subject’. We have seen how they are coming to view their schools, others, and themselves, through the screen of these particular discourses, concepts, storylines and social structures, which are rendered ‘true’ within these formal education contexts. The analysis has also pointed to ‘obesity/health’ discourses as the dominant (bodily) modes within the participant’s schools, endorsed through surveillant, normalising and regulating biopedagogical practices, associated with the body and ‘health’ (Wright, 2009: 1). It would be possible to think of the participants therefore, as unassuming young girls, growing up within school contexts which coerce them into reproducing these particular ‘healthy’ practices. Yet, as Davies & Harré (1990: 89) suggest, a closer analysis introduces at least the possibility of notional choice, as there are “many and contradictory discursive practices that each person could engage in”. This section of the analyses critically raises questions of how we can understand choice, discourse and resistance, within these young women’s narratives.

5.6.1 Questioning constructions of health in schools?

Although their narratives have illustrated where they are drawing on ‘obesity/health’ discourse, the majority of the participants also illustrated their abilities to critique this discourse, demonstrating some awareness of the social meanings and processes within which they are immersed:

Well…emmm…I think that…like I said before…we need more awareness of it…instead of the governments always stressing…I think they really need to stop…yeah like…with Jamie’s School Dinners and all this. (Ruth, In)
At school they teach you about healthy eating…like what’s good to eat and stuff…but they just emphasise on like…and forget that some people might take it too far.
(Jane, Fg)

For many of the participants therefore, their narratives suggest that they are not simply passive ‘cultural dopes’ or ‘dupes’, but are engaging with multiple subject positions, negotiating meanings reflexively, within the contexts of their lives (Giddens, 1984; 1991):

Food tech is a big problem because my teachers are always passing the message that fat is bad and that we all need to cut down. This message needs to be turned around because it is not helpful for some people, that is all they need to convince them to stop eating. (Vicky, Dd)

In this way, as Vicky demonstrates above, although they illustrated a particular allegiance to the exigencies of ‘obesity/health’ discourse through the understandings of ‘health’ they lived out and re-produced within their own lives, the participants were also able to critique this discourse and related constructions of ‘health’ within schools, during interviews and focus groups, suggesting that they have at least some awareness within this process.

5.6.2 Exploring the multiplicity and limits of discourse

Feminist post-structuralist frameworks have challenged modern assumptions of universal principals through which bodies and ‘selves’ are defined and confined, such as unitary and essentialist notions of ‘gender, ethnicity, class and ability’ (Azzarito & Solmon, 2006b: 203). Through these frameworks the body can be seen to “articulate and sustain a multiplicity of often conflicted meanings” (Malson, 1998: 167). In the same way, the narratives within the participants’ accounts were multiple, complex and sometimes contradictory. For example, in previous sections (5.1.1 and 5.3), and as represented below, we have seen how Ruth makes sense of eating and food through the particular notions of ‘healthy eating’ which ‘obesity/health’ discourse constructs; as an integral element of her subjectivity, as she is positioned within this discourse:

I still feel now and am always trying to keep up with the health rules of food. I need to follow them to help me feel better. I prefer to eat things that have been recognised as healthy […] I feel so much better if I eat those healthy foods as then I know I’ll lose weight, I’m
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in control and I’ll get the body and life I want. (Ruth, Em)

Later however, during interview, Ruth constructed contradictory counter-narratives of ‘healthy food’, which were critical of the government-led policies that produce and promote the same constructions of ‘healthy eating’ which she previously took-up as her own:

I think it would just be a good idea if there was something that…not that’s obsessive with healthy and not constantly…cus there’s things like…when they’re going on about kids at school…like they’re always going on about obese kids at school…and it’s like…they’re always saying…‘oh, this is what you should eat…5 fruit and veg a day’…and like…‘whole meal bread instead of white’ and all this. (Ruth, In)

Ruth’s narratives here point to the multiplicity and contradictory production of discourse; that indeed, there are many discourses, discursive practices and positions with/within which the subject may be constituted, and that the participants were not entirely nor obliviously bound by dominant discourse.

Nevertheless, whilst they were able to articulate and express these alternative discourses, for these participants, their bodily practices and subjectivities remained largely shaped by those associated with dominant ‘obesity/health’ discourse. For example, some participants, constructed narratives around different embodiments, explaining why they think these should be acceptable socially:

Like…Catherine Zeta-Jones…with like her she’s all curvaceous and stuff and I think she looks better. (Claire, In)

However, when speaking about these, as Claire comments above, this generally appeared as something which was distanced from them – as ‘embodiments for someone else’.

I know a lot of people who are a bit on the chubby side but they’re healthy as anything…they’re fit. (Rebekah, In)
Indeed, as Rebekah comments above, where they are critical of ‘obesity/health’ discourse, for the participants, sometimes this was almost refraction – limited only as a subjectivity available to the ‘other’, but not to them.

5.6.3 Staying within ‘healthy bio-norms’
Although they are producing multiple narratives embedded in meaningful relationships between active subjects (Rich, 2002: 183), these young women may still be limited by dominant bodily meanings, if pressured to (Azzarito & Solmon, 2006b: 203), rather than oppressed into, engage in these ‘healthy’ practices of the ‘self’. The sheer pervasiveness and ‘moral’ centrality of the notion of ‘health-risk’, upon which ‘obesity/health’ discourse is based, means that moving outside of the discourse and beyond a weight-centred approach to health may be difficult for students. Although ‘well intentioned’, the endorsement within schools of these discourses through ‘health’ and physical education, has worked (intentionally, or otherwise), to subvert or impoverish existing/other health and physical education curricula, limiting the discursive possibilities for young people to consider options for themselves. Although they are active and reflective agents, young people, suggest Burrows & Wright (2007: 94), are “facilitated to understand this for themselves, through enactment of a carefully staged and framed set of avowedly liberal practices” and a morally weighted, ‘it’s up to you’ notion:

They said emmm…sort of like…if you eat healthily then you can do more stuff…and I just thought…oh yeah…and I’ve just like taken it in quite a lot. (Susie, In)

People thought I was so good eating well for my body. (Ruth, Em)

Our collective construction of ‘obesity’ as ‘a public health threat in need of treatment and prevention’ is also a long-established construct, outlines Cogan (1999: 244), with those who traverse the ‘acceptable bodily boundaries’ blamed and shamed. As they negotiate these dominant discourses within schools, suggest Burrows & Wright (2004a), the freedom for children to take-up other meanings or identities is thus limited as “some meanings are more available and more powerful than others” (Ibid. 202, quoting Hughes & MacNaughton, 2001). When these dominant ‘meanings’ and subjectivities are also set within performative school contexts which emphasise, not
Chapter Five: Discourse Analysis: *Exploring constructions of health, eating and weight at school*

that which people have in common, but skills and dispositions which set them apart (Rich, Evans & Allwood, 2005: 13), then the significance of this process for students of pursuing a visceral, ‘worthy’ shared ideal - albeit heavily mediated by particular constructions of race and class - can not be understated. Indeed, although reflexive participants in the negotiation of their subjectivities across the ‘health and body’ focused contexts of their schools, the dominance of ‘obesity/health’ discourse meant that the participants were frequently positioned within this framework, under the gaze of teachers and peers:

Girls don’t always want to be seen by other people to be eating unhealthy foods cus then everyone will think they’re really fat and things just from eating that. (Laura, In)

‘Obesity/health’ discourse constructs an emphasis upon personal responsibility as social responsibility, placing a burden of accountability upon the individual for the ‘well-being’ and ‘morally’ approved bodily disposition(s) of society, by ensuring their body weight stays within BMI norms (Halse, 2009: 52). The following chapter will discuss further, the difficulties the participants alluded to in moving outside of ‘obesity/health’ discourse, exploring its pervasiveness across other social contexts of their lives, such as the informal cultures of schooling, within their families outside of school, and their experiences of the media.

5.7 Some Concluding Remarks

Drawing on the voices of the participants, this chapter has explored how ‘obesity/health’ discourse is being recontextualised within the formal cultures of education, as pedagogy and practice, most noticeably expressed within the contexts of ‘health’ education and physical education. It has examined how the participants are negotiating these ‘weight’-focused, neo-liberal frameworks, as they make sense of their bodies and health, at school. The participants’ narratives have pointed to the development of particular normalizing and regulating, surveillant practices emerging in schools, which limit their scope for stepping outside of this discourse. As their narratives have shown, their investments in ‘obesity/health’ discourse have particular damaging, personal, social and emotional consequences for these participants, and their relationships with their bodies, food, exercise and health. Chapter Six explores how these performative school ‘health’ contexts intersect with other social spaces.
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across the participant’s lives, and with wider popular pedagogy, which may work to confirm or challenge the ‘health knowledges’ and dominance of ‘obesity/health’ discourse in its weight-focused approach to ‘health’.

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1 When identifying discourse of ‘the body, weight and health’, as it is recontextualised across the cultures of schools to feature within the lives of the participants, I generally refer to the dominant discourse here as ‘obesity/health’ discourse. ‘Obesity’ discourse has already been defined within the literature (e.g. see Wright & Harwood, 2009; Evans et al., 2008b; Gard & Wright, 2001; 2005) and, as outlined in the literature review, ‘health’ discourses play a significant role in the social construction of ‘obesity’ discourse, hence my definition of it here as ‘obesity/health’ discourse, within this study.

2 This is not to exclude the possibility of other, complex contributory factors, which can be theorised in various ways.

3 The participants, who inform this research, are all white, female and able-bodied, and the majority of them can be classified as coming from middle-class backgrounds. However, this was not an explicit decision to omit those from other categories of ethnicities, class, (dis)abilities and the experiences of boys. Instead, the participants who were resident at Eastwood House and thus those who were available for data collection at the time of the study, are representative of a wider demography of disordered eating (see Doyle & Bryant-Waugh, 2000).
Chapter Six: Discourse Analysis: Exploring the intersections of school cultures of ‘health’ with wider popular pedagogy

This is the second analysis chapter wherein I continue to present the voices of the participants introduced in the first, and to explore the daily negotiation of their subjectivities within the social spaces of (and around) their schools. The analysis, so far, has explored how official government or other health agency-based discourse of ‘obesity/health’ has become recontextualised within the formal cultures of schooling. It has illustrated some of the ways in which the participants’ narratives suggest their embodied subjectivities are being constituted through these discourses, via associated normalising, surveillant, social and pedagogical processes across the formal contexts of schools. Positioned within these ‘obesity/health’ discourses at school - particularly within the more bodily-focused contexts of ‘health’ and physical education, the participants’ voices have alluded to the ways in which they have come to make-sense of their bodies through these frameworks; for our knowledge of and about the body is always discursive.

Building on and extending these discourse analyses, this second analysis chapter explores the discourses of ‘the body, weight and health’ and related social practices, within the informal social spaces of schools, and also the social contexts, outside of the education institution, bringing attention to how the discourses across these social contexts may intersect and interact for the participants. As we have seen, there has been surprisingly little detailed attention focused upon the role of formal education in the development of disordered eating, and even less which considers also, these other social spaces, including family, the media and peer cultures at school.
6.1 “Everyone’s trying to lose weight”: Exploring the (Gendered) Impact of ‘Obesity/Health’ Discourse across Informal Contexts of Peer Culture

“There’s so much pressure at school...like most of the girls there are always on diets and even one boy...everyone’s trying to lose weight.” (Tracey, In)

Exploring the narratives of the participants has begun to direct the analyses, at this point, away from the body-focused contexts of formal education, physical education and associated ‘health’ curricular, towards the identification of discourses within the informal cultures of schooling and social practices outside the education institution. The participants’ voices have begun to raise questions about how these formal schooling contexts are intersecting with wider “popular pedagogy” (Rich, In-Press) and other socio-cultural channels through which dominant discourses of the body extend. Indeed, the influence of ‘obesity/health’ discourse within the informal lives of the participants, and its impact upon their friendships and social relationships at school, was a theme that emerged significantly within their narratives, pointing to the ubiquitous nature of this discourse as an embodied form of consciousness which pervades corridors, classrooms, lunchtimes and changing rooms, via social and emotional relationships with peers and friends. This was a key point, it seems, around which the participants were constructing their gendered subjectivities, as they were positioned within this dominant discourse, inscribing their bodies in particular ways (Grosz, 1994: xiii), beneath the gaze of socially significant others at school. As such, their narratives suggest that these official, regulative ways of thinking, through which ‘body weight’ and ‘health’ are organised conceptually – wherein any larger, rounder body shape is morally constituted as a ‘lack’ relative to the virtues of ‘the body that is thin’ - are also impacting peer culture in ways they find damaging and limiting. As Tracey comments, on the following page, it seems there is little escape, even within informal social interactions and conversations between peers at school, from this government-prescribed ‘obesity/health’ discourse, related strategies focused on the regulation of the body and food, and the normative production of a particular type of ‘thin and health’-directed subject:
Chapter Six: Discourse Analysis: *Intersections of school cultures of ‘health’ with wider popular pedagogy*

Everyone at school’s got like food issues...all the girls are always looking for like...what’s got the least fat and that...and people will comment on each other like...if someone has two chocolate bars someone will say like...“oh, haven’t you had one already” and stuff. (Tracey, In)

It appeared that a number of the participants, along with their peers and friends, were drawing on this discourse during informal interactions at school, co-creating and re-producing the embodied ‘realities’ it outlines, as they ‘voiced’ these meanings in relation to themselves, their bodies and their lives. Some of the experiences the participants described, as Kate and Olivia explain below, included collective discussion around ‘weight-loss’ and ‘diets’ which, they reported, arose as frequent topics of conversation between girls:

All my friends will sit there going “oh I’m on a diet”...“oh I lost a stone already”...and my friend has lost a stone cus she’s been on like a serious diet. (Kate, Fg)

My friends kept going...before I did have this problem...my friends kept going “oh I’m gonna lose weight, I’m gonna lose weight” and things. (Olivia, In)

Emerging daily within the gendered social spaces of informal exchange, these and other participants’ narratives pointed, therefore, to the contexts of peer culture they experienced at school, as informal education environments saturated with ‘obesity/health’ discourse:

I mean...obviously cus it’s an all girls’ school everyone’s like “oh I wanna lose weight” and “I wanna be skinny” and all this kind of stuff and...“can’t eat this and I can’t eat that”...and everyone tries to go on diets so emmm...I think...you know...people worry about it. (Gemma, In)

As Gemma’s narrative suggests above, this was a discourse, which could be identified as it was re-produced and continuously spoken into (re)existence by these girls, via popular, gendered narratives of ‘weight-loss’, ‘right eating’ and ‘dieting’; put into practice within their lives, as they were positioned within these frameworks at school, and the ‘right eating’ actions prescribed therein.
6.1.1 School lunchtimes as surveillant social spaces

Discourses are not simply ‘recognised’, yet it is in the moments that they are spoken of/through and produced/re-produced (Sunderland, 2004: 29) that their existence can be identified interpretively in social interaction. The participants’ descriptions of the school lunchtime environment emerged as a significant discursive theme within the data, therefore, raised by many of them on more than one occasion, both during individual interviews and focus group discussion. Their narratives around this suggested, once again, that they were being positioned within ‘obesity/health’ discourse, and also illustrating, simultaneously, another way in which the dominant, regulatory practices of official ‘obesity/health’ discourse were being recontextualised within the informal social spaces of schools. Indeed, the ‘health-focused’ restricted eating practices the discourse prescribes appeared, at least in the experiences of these participants, to have developed as a fairly common collective pursuit at school. ‘Healthy eating’ and ‘eating less’, their narratives suggested, had become, not only increasingly socially accepted, but an increasingly popular practice among girls¹. The topic was broached by Anne during focus group discussion, inciting much detailed exchange from the group:

RA: Anything at school that you felt influenced you?

ANNE: Yeah…people not really eating properly which made me think…hold on…what am I doing…I’m eating so much more than them…

VICKY: I was like that too! [collective agreement; everyone talking at once] yeah…some other people weren’t eating anything…not many people were eating like a proper lunch so there was no way I was going to […]

KATE: At my school…all the girls have like a tiny, tiny little bread roll when there’s like a big variety of stuff and they just go and get one tiny little bread roll…it’s like that big [indicates with her hand] little bread roll and that’s it…or nothing […]

VICKY: My friends didn’t eat their lunch at school […] no one like sits and has a proper meal […]

SUSIE: It’s the same at my school.

[Focus Group]

There was an association here, of these restricted practices around eating and food, with the way in which the possibility of ‘eating too much and being viewed as overweight’ is unfavourably positioned within ‘obesity/health’ discourse, and the attempted avoidance of this. The participants’ voices pointed here, and as Laura also comments below, to the ways in which the perceived ‘moral and shameful inadequacy’ of certain eating behaviours, had the power to position the subject as ‘the undesirable/fat subject’, particularly in terms of the individual who is observed to be eating the types of food, which are constituted by the discourse, as “unhealthy foods”:

There were quite a lot of people at the school who didn’t eat properly anyway […] just like not wanting to be seen eating unhealthy foods…cus then everyone will think you’re really fat. (Laura, In)

As the subject is constituted and reconstituted in these ways, through the discursive practices in which they participate (Davies & Harré, 1990: 46), for the participants interacting within the school lunchtime environment, the acts of ‘being seen eating’ and especially ‘being seen eating unhealthy foods’ had indeed become central derivatives of their subjectivities. Certain meanings thus, are allocated to these actions, as they are located within the storylines and particular discourses, through which the participants are making sense of their own and others’ lives:

RA: Yeah…a few people seem to have said that…that it’s difficult at school to…

VICKY: It’s just so competitive…

LARA: I dunno…greedy…but in front of all those people…I just felt like…

JANE: Yeah I felt like that…

RA: That you couldn’t eat in front of people…?

VICKY: I just felt like I was really piggy.

[Focus Group]
As Vicky and Lara suggest above, other ways in which they can be positioned within ‘obesity/health’ discourse is as the “greedy” or “piggy” subject. The concepts, issues and moral judgements made relevant and ‘real’ by the discourse make it impossible to imagine an individual who ‘eats more’ or ‘eats junk food’ - or who is even, it seems, to be observed eating at all - as ‘being’ anything else. Indeed, as individuals emerging through these processes of social interaction at school, the participants’ language makes visible here the ways in which they are potentially constituted as particular ‘abject’ subjects within ‘obesity/health’ discourse.

Interpreting their lunchtime interactions from the perspective of this discourse, lunchtimes at school, suggested many of the participants, had become competitive environments in which the moral ‘authority’ of ‘obesity/health’ discourse pervaded the food choices students made. This required a careful negotiation, thus, of the discursive frameworks it outlines, if one was to avoid being unfavourably positioned beneath the gaze of other students:

Emmm…like…before I got ill there was quite a bit of pressure...you know…people would always be looking at what you were taking for your packed lunch or what you were buying for your lunch…things like that…and then when I got ill I used to just go home for lunch times and things like that…so I just used to avoid all that sort of situation […] everyone was so...you know…cus there’s just so much emphasis on what people should look like and what they should eat and diets…and what’s healthy and what’s not…it was just all that kind of thing. (Rebekah, In)

Indeed, lunchtimes at school had become particularly troubling social contexts for the participants, in which the judging and surveying of one’s own and other’s eating behaviours was now common place. Rather than existing as a safe and relaxing social space in which they could enjoy their food as they chatted with friends, the majority of the participants found lunchtimes at school difficult and problematic. For Rebekah, as she explains above, sadly, now, this was even to the extent where she tried to escape the “pressure” of lunchtimes at school, by “avoiding all that sort of situation”, and going home instead.
6.1.2 To eat or not to eat in surveillant social spaces at school

Putting into visible discursive practice the ‘obesity/health’ discourse within which they were positioned, as it seems, did many of those with whom they were interacting at school, it came as no surprise that nearly all of the participants reported finding eating whilst at school increasingly difficult. Indeed, as Anne comments below, socially interacting within this environment had contributed to the eating difficulties she experienced:

> Emmm…it was mostly because I saw people at school sort of like…not really eating at meal times but […] I used to eat at meal times…and I was just like…‘help’! […] they used to sort of…not have it…but not really not having it…it was more sort of having a tiny morsel and then leaving half of it […] so it seems like…I’m having like…more…which is hard. (Anne, In)

> Started cutting down, saw people eating less than me, got worse […] couldn’t eat! (Anne, Pd)

As the discourse was reproduced in this way, through social actions, interactions and conversations, as Anne’s narratives suggest, “cutting down” on food and “eating less” was becoming normalised social actions within this education context.

Subsequently, returning to these lunchtime environments where, it appeared, a number of female students didn’t even eat lunch whilst at school, was also something the participants reported they felt would be particularly debilitating for their recovery, post-treatment at Eastwood House. This arose, in fact, as another important theme within the data. As they were all in treatment for disordered eating at the time of data collection, the issue of returning to these surveillant, morally charged school contexts when they were to be discharged from treatment arose, understandably, as a particularly critical concern for the participants. As part of their on-going/re-feeding treatment post-discharge, they would all be required to eat a substantial lunch every day at school, including foods such as chocolate bars and crisps. Of course, these were ‘foods’ and ‘amounts of food’ adversely positioned by this dominant discourse, and as such, were foods which, as Ruth comments below, she especially did not want to be seen eating:

> But it feels like when I come back…depending on the
calories I’m eating and that…that I have to maintain on…I just don’t want to have to make it up with…I don’t want people to see me eating chocolate bars and crisps. (Ruth, In)

During interviews and focus group discussion, many of the participants explained that this was something which caused them a great deal of worry and anxiety. Indeed, negotiating dominant ‘obesity/health’ discourse post-treatment within the surveillant lunchtime environments at school – where ‘no one eats lunch’ - their narratives suggested, would potentially limit their efforts in getting better:

RA: Ok…well how do you feel about going back to school then?

VICKY: I’m really nervous […] it’s like…emmm […] I’m really nervous about going back…cus all I’ll be thinking about is like who’s gonna eat lunch […] I always felt like everyone around me was anorexic too…so I had to be as well…cus none of my friends ate lunch at school.

[Vicky, In]

I started like not eating lunch and then like everyone else did too…well not like everyone else…but a lot of people did and that made me feel like I couldn’t start eating it again…cus like…when I was like…trying to get better and that…no one else ate it then…so I didn’t wanna be the only one starting eating it again. (Lara, Fg)

As such, returning to these surveillant school lunchtime environments was one of the biggest worries the participants expressed, in terms of continuing regular eating once they had left Eastwood House.

The participants’ voices point to a relationship here between official discursive ‘knowledge’ and the informal social spaces of peer culture. Indeed, their narratives highlight certain, often gendered, ways in which official ‘health’ discourse, particularly around ‘eating’ and ‘overweight’ is impacting upon peer culture, positioning students, their bodies and food, in particular ways, and also affecting their relationships with peers and friends. The meanings and social processes of pressure
within peer culture may be complex, involving complex processes (see Michell & West, 1996) yet, following the voices of these participants and the schooling experiences they describe, this raises questions about the (discursive)‘values’, ‘morals’ and practices they may be learning within these informal spaces of education.

6.1.3 The subject of ‘size’-based bullying: Positioning students

“People kept calling me chubby and things like that.”

(Stacey, In)

So far the participants’ narratives have alluded to the social pressures of the informal school lunchtime context and the ways in which their dietary habits and social interactions were constrained by dominant ‘obesity/health’ discourse within this surveillant social space. During data collection, they also brought up other ways and other informal social contexts at school, wherein their voices alluded, once again, to the constitutive force of ‘obesity/health’ discourse, the social processes and structures emerging here through this discourse (Davies & Banks, 1992: 3), and how these were impacting upon their identities and their lives.

“Bullying and negative comments about weight by peers have been linked to disordered eating”, suggest Halse, Honey & Boughtwood (2008: 23) and, indeed, another theme which arose within the data was the impact of size-based bullying, via the participants’ experiences of this, and how it appeared that this was, in fact, legitimated by ‘obesity/health’ discourse. In addition, as we saw in the previous chapter, one of the more prominent ways in which ‘obesity/health’ discourse is recontextualised within the social structures of education, is through the Health Education curriculum where the pedagogy here is increasingly based upon the particular ‘knowledges’, social ‘messages’ and ‘truths’ of the discourse. As products of these discursive networks, the subjectivities of the participants are formulated through the storylines constructed here, wherein certain attitudes and dispositions towards the body are normalised and defined, as the ‘larger’ or the ‘overweight’ body is positioned unfavourably within the discourse. Following this, there is a danger here, suggests Evans (2004: 289) in that, by reinforcing the discursive notion that “thin is
good and fat is bad and that fat people are out of control and irresponsible citizens”
within formal curriculum such as ‘health’ education, then this may be “justifying the
thought process which underlies size-based bullying” or, “at the very least, avoiding
the underlying cause of bullying” (Evans, 2004: 289), as the formal and informal
social contexts of education intersect and interact. Indeed, a number of the
participants described their experiences of bullying about weight and size at school,
outlining how they felt these experiences had contributed to the development of their
disordered eating, which either followed or had already begun at the time. For Susie,
this was an issue she raised both during interview and as part of the poster she made
during activity-based tasks:

At school there is so much pressure to look good. One
day in P.E we were doing circuit training and in the
changing rooms the coolest girl in our year came up to
me and said I was fat! I was in tears. I lost control. This
started some of it off. (Susie, Pd)

And this girl…in the changing room…she just said I
was fat one day and I was just crying and
stuff…emmm…she sort of like…I was sort of already
dieting a little bit like on the healthy stuff…but then she
sort of said it and she was like “errrrgh you’re a bit fat
aren’t you”. (Susie, In)

We can see through the language Susie is using here - around “dieting” and ‘healthy
food’ - that she is making sense of her experiences through ‘obesity/health’ discourse.
Rather than being passively positioned by the girl who calls her “fat”, however, she
also constitutes herself as a particular subject via the discourse through which she is
being shaped – an ‘obesity/health’ discourse, indeed, which both Susie and the girl
who calls her “fat”, my well have both been positioned within, as subjects, during the
physical education lesson on “circuit training”, that they have just participated in. As
such, much discursive work is being done here, both by Susie and this other student,
to construct her body as ‘fat and undesirable’. In this way, ‘obesity/health’ discourse
has the power to position students, not only in terms of what one student says to
another, but also to constitute the – ostensibly damaging - ways in which they are
making sense of ‘themselves’.
The participants’ narratives suggest, therefore, that negotiating ‘obesity/health’ discourse within informal peer cultures at school can be deeply problematic for some students. For Kate and Claire, as they comment below, a collective disregard for children who may have a ‘larger body size’, was a common feature of the peer culture they experienced, as the discourse commended and enabled particular (‘thin/fit’) subjectivities, whilst constraining and degrading others:

And also like all the boys used to call me fat and stuff…and like…they used to call me hippo legs and stuff like that […] all the boys used to say like…how my best friend was really fit and how I wasn’t and how I was fat and she wasn’t […] it was really bad. (Kate, In)

I’m really self-conscious of my legs because a lot of people have like…commented on them…well…this boy said I had fattish legs and stuff. (Claire, In)

By locating their bodies and themselves within the jointly produced storylines of ‘obesity/health’ discourse, the consequences of this become increasingly damaging, as students move through these processes in which they are made (embodied) subject. Indeed, the voices of the participants have alluded, once again, to some of the ways in which official ‘obesity/health’ discourse is being drawn upon within peer cultures at school, as it defines the ‘larger body’ as ‘undesirable’ and ‘morally irresponsible’, and thus legitimates this view of the bodies of students.

6.1.4 Schooling gendered subjectivities: Comparing with peers and friends

As their bodies are positioned within ‘obesity/health’ discourse, taken-up within these informal school cultures, the participants’ narratives also point to other prevailing discourses, which intermingle within these informal education contexts, creating ever more intensive conditions. Once again, their experiences are taking place within contexts which are already performative, wherein a discourse of performativity (Ball, 2004) permeates even their informal social actions and interactions at school, creating competition and comparison between peers and friends. As the construction of ‘the thin and fit subject’ is so central to these dominant ‘health’ discourses, as they negotiate these, the narratives of the participants suggest that much of the competition between themselves and their peers, within informal contexts, was focused on and
around ‘the body’ and how they are making sense of ‘body weight’ and ‘being thin’, as Tracey and Kate describe below:

Oh yeah…lots of people at school will call you fat and everyone like…your friends analyse everyone about who’s got the biggest thighs…who’s the…the prettiest and stuff […] everyone compares each other…everyone like looks…looks to see if you’ve lost or gained weight…like if you wear a skirt everyone looks to see if you’ve lost or gained weight. (Tracey, In)

Yeah…my friend Helen…I always thought she was perfect…like all the boys loved her…she was really pretty and everything…she was really slim…really skinny…and I just thought oh I really wanna be like that. (Kate, In)

It is evident here that the participants are also drawing upon other gendered discourses within these narratives, particularly a predominant discourse of white femininity. Within this framework the ‘ideal female body’ is constructed as slim and predominantly white (Azzarito & Solmon, 2006a) and “orientated to accommodating the interests and desires of men” (Connell, 1987: 183). This gendered discourse intermingles with ‘obesity/health’ discourse across these informal school contexts and, where the participants appeared to be drawing, simultaneously, upon these multiple frameworks, the notion of ‘the slim/thin body’, so central to both, seemed to produce a co-existent interrelationship, bringing together gendered social constructions of ‘the slim and trim body’, as both ‘healthy’ and cosmetically/sexually desirable:

After Christmas when I went back to school there was a girl there and she’d lost a lot of weight…like in the couple of months that I hadn’t seen her…and she seemed to be getting a lot of attention and she looked quite healthy and thin and it was from dieting…so I thought well it obviously works so I want to get like that. (Amanda, In)

The potential development of girls’ bodies, their full and free capacity for open engagement with the world, is constrained by limiting, gendered discourses, suggest Azzarito & Solmon (2006b: 202). Certain other discourses and other available subjectivities do emerge in some social cultures however, suggest Kelly, Pomerantz &
Currie, (2005: 229), through which girls can resist these more predominant ‘femininities’, producing themselves, and viewing themselves as participating in “alternative girlhood” (see Kelly et al. 2005). For a discourse to exist though, suggest Jaworski & Coupland (2006), it must be ‘socially acceptable’, at least to some people, and, for the participants informing this research, their narratives suggested little evidence of any other discourses they felt were ‘acceptable’, or, thus, were drawing on to make sense of their bodies and their gender. Amanda’s comments above point to the particular discourses she is drawing upon here, and the interwoven ‘meanings’ that run through these frameworks. As she ‘reads’ the body through ‘obesity/health’ discourse, it is produced as a product of discourse, and as confirmatory evidence therefore, of the ‘meanings’ and ‘truths’ of this discourse: “she looked quite healthy and thin and it was from dieting...so I thought ‘well it obviously works’” (Amanda, In). Moving outside of ‘obesity/health’ discourse appeared difficult for the participants however, as, we have seen, it regulates even the informal contexts at school, by informal means.

As ‘obesity/health’ discourse is a discourse which is working upon lived bodies, within the participants’ everyday lives, another theme emerged within the data, around the difficulties they experienced when the size of their bodies had increased, for example during puberty, or perhaps in comparison to the bodies of their friends. When they have such limited means of making sense of their bodies/body ‘size’, many of the participants reported coming to view these experiences as incredibly worrying and problematic. Rebekah, for example, described her struggles to cope with reaching puberty early and being “taller and naturally bigger than everyone else”. Her engagement with ‘obesity/health’ discourse and the sheer pervasiveness of the discourse across the formal and informal cultures of school meant that it was difficult for her to constitute a subject position outside of this framework. Positioning her “bigger” body, in comparison to those of her “little friends”, and constituting her subjectivity through ‘obesity/health’ discourse, Rebekah became “quite depressed”, and describes this as a “major factor” in her disordered eating practices which followed:
I hit puberty early so I was always taller and like...naturally bigger than everyone else...emmm...so that was always an issue cus you always feel like...out of it...you know...with all your little friends still in like...you know...really small clothes and stuff like that...emmm...so that was a major factor [...] that was a big thing...I got quite depressed about things like that. (Rebekah, In)

Vicky also raised a similar issue more than once during interview, describing her attempts to make sense of her physical experience of growing bigger, or “having a growth spurt” as she described it. This was an embodied experience she struggled to come to terms with as she also found it difficult to constitute a subjectivity outside of ‘obesity/health’ discourse, or to move outside of this dominant discourse as it emerged across the social contexts of her school. As the possibility of being “bigger” is positioned unfavourably within the discourse, certain emotions are also associated with the particular ‘messages’ and ‘truths’ being produced. For Vicky, as she found herself to have grown “bigger than some of my friends”, she was unable to accept her ‘bigger body size’, reducing her food intake as a result:

At my new school I do remember like being really upset because...I like...had like a growth spurt and I got like quite a bit bigger than what I was...I was bigger than some of my friends cus I knew I was because I like grew quite a lot but then I stopped obviously...but like I felt really huge compared to all of them and then I...I started just to like cut down and everything. (Vicky, In)

At first I just thought...I didn’t think of it like that [as an eating disorder] because I didn’t want to lose weight...I just wanted to like not grow...I didn’t want to change at all I just wanted to stay the same and then I think...went down a bit...and then when I went to the doctors they were like “do you know what this is?” and everything...and I did by then I think cus it had got quite bad then. (Vicky, In)

The girls’ narratives allude to the ways in which their subjectivities were constrained by the pervasive nature of ‘obesity/health’ discourse, as it pervades even the informal cultures of schools. Engaging with their discursive and material ‘realities’ in this way has allowed us to consider how they are making sense of their bodies through this
framework and negotiating the ‘messages’ and ‘truths’ of the discourse: ‘if you are like this then these are the ways you can change yourself’. Considering also, the sorts of feelings which are embedded in attached to this dominant discourse, we can see how it is creating an emotional response in the subject. Working in a context which creates feelings of (body) anxiety and (body) shame for the participants, sadly their voices echo the sentiments of Frost (2001: 10) who describes the relationship between Western young women and their bodies as “negative and frequently damaging”, pointing to the socio-cultural, discursive aspects of their experiences as central to this.

6.2 “My Dad said...’you could do with losing a bit of weight’”:
Exploring how Discourses at School Intersect with Wider Popular Pedagogy in Families

“My Dad said...‘you could do with losing a bit of weight’...and then like...when I went to school...all my friends were like skinny and I’m not...and I never used to think that at all...and then I just started thinking that.”
(Kate, Fg)

The data have illustrated the pervasiveness of ‘obesity/health’ discourse across, not only the formal contexts of education, but also the informal social spaces of schools, shaping the participants’ relationships with bodies, ‘self’ and friends. Their narratives have also pointed to the education institution as a significant social context in their lives, in terms of how they are making sense of their ‘bodies and health’. Continuing to follow the voices of the participants, this section begins to explore the themes which arose in the data around other social spaces that make up the collective contexts of their lives. Specifically, it considers the ways in which the social and pedagogical, discursive processes of education, in interaction with discourses, social forces, and practices outside of these participants’ schools, may be implicated in the development of their disordered eating. Central to these other social contexts are the participants’ lives at home with their families, and the data collection has included interviews at home with some of their parents. Families and family based pedagogies around ‘health’ also featured in the participants’ narratives, creating a complex web of meanings around health and embodied subjectivity. The focus here is to consider how the participants are learning about ‘the body, weight and health’ in these other social
contexts, and how these intersect and interact with school cultures to impact upon their lives. Commencing a discourse analysis of the social construction of ‘the body, weight and health’ within the domestic lives of these particular participants represents only the *beginnings* of such a tentative exploration within this study however, pointing to the need for further research into the discourses young people are negotiating at home.

### 6.2.1 Exploring parents’ understandings of ‘the body, weight and health’

‘Obesity/health’ discourse is a dominant discourse, suggest Evans *et al.*, (2008a: 387), which has come to define, not only formal and informal education, but, increasingly, other social contexts as well, in effect, “making pedagogy everyone’s concern, everywhere”. Indeed, suggests Fullagar (2009: 108) “family lifestyle practices have become a significant site through which health is governed”, with ‘risk of obesity’ emerging as a concern central to this, at present. Following interviews with the participants and their parents, their narratives alluded to this, at least for this particular cohort. During interviews with the participants, first of all, learning about ‘healthy eating’ emerged as a significant theme for them at home, as they recalled conversations with their parents in which they had ‘taught’ them about ‘healthy food’ through the framework the discourse outlines:

> At first it…it weren’t really that bad…just sort of like more healthy eating…but then…my Mum thought ‘oh yeah, it’s really good that she’s like starting to eat like healthy and stuff’ but then she was like “d’ya want a Nutrigrain bar or something, it’s still healthy?” and I…but I was like “oh no I’m not hungry” and stuff. (Susie, In)

> My Mum used to go to *Weight Watchers* and then like…she always said what was healthy. (Claire, In)

> My Mum thought it was alright cus I was like fat…so…it was ok for me to like eat…more healthy…she encouraged me to be more healthy but…cus I was like unhealthy. (Lara, Fg)

Indeed, the co-construction of ‘obesity/health’ discourse appeared evident, within the conversations with parents that the participants recalled, as many parents, it seemed, were also drawing on this framework to make sense of ‘eating and health’. The
parents’ voices, as recalled here, illustrate their use of the “bio-pedagogical practices” associated with the discourse (Wright & Harwood, 2009), namely the use of self-monitoring of one’s intake of food, as a route towards knowing oneself as a ‘healthy’ subject.

Pervasive across school cultures, as we have already seen, the data are beginning to point to the predominance of these official ‘obesity/health’ discourses within the family as well as the education context, re-iterating and confirming at home, therefore, what the participants were learning about ‘health and food’ at school:

Yeah…there are going be a lot more obese people because a lot of families are…you know…they just live out the freezer…then…obviously…like with me…I was brought up with home cooking all the time […] so I’ve always made home cooked food. (Mrs Johnson, parent of Olivia, In)

Following an interview with Mrs Johnson (Olivia’s Mother) during a visit to their home, indeed we can see how Mrs Johnson is drawing on these public health discourses, and how they are also working to constitute popular practice and understandings within the family. This is one of the particular features of the “obesity phenomenon” and associated ‘health’ discourses, suggest Burrows & Wright (2007: 96) that “children’s experiences and knowledges of it in both home and school contexts are likely to cohere due to the sheer volume and consistency of information about it surfacing in so many different mediums”.

6.2.2 Producing children as “agents for change”

As ‘obesity/health’ discourse is recontextualised across schools and the formal contexts of education, in particular, are targeted for a range of public ‘health’ interventions, so too parents are targeted through these public ‘health’ campaigns. Parents are positioned by the discourse as morally responsible for enacting change, and their children as “agents of this social change” (Burrows & Wright, 2007). Parents or caregivers are often “drawn into the change project”, suggest Burrows & Wright (2007: 92), in “very explicit ways, invited to surveille their children’s behaviour and provided with guidance on how to do so”:
I’ve said to my son…like…as a parent…I’ve already said…I told him how it works and I said “I’d really like you to have a go at being sensible and”…you know…”have things you want but just do it in moderation and just try and have some vegetables too and some fruit and” …you know…and “if you fancy chips then have chips but don’t have them every day” and things like this and “we’ll see how you get on”. (Mrs Gibson, Teacher at Eastwood House, In)

In some schools, this has involved the introduction of the ‘Smart Card’, a new method of surveillance used in school canteens to monitor and control what students are eating. Purchases of food at school can be made only through the ‘Smart Card’, and parents are informed about, asked to co-operate with, and to support the scheme. As Mrs Gibson comments above, we can see how she is being drawn into this “project for change” (Burrows & Wright, 2007) here, positioned within the discourse as ‘responsible’ and asked to work in conjunction with the school as they act out these discursive imperatives around ‘children’s diets and food’. Parents are also offered records of the items their children have been buying and eating at school and, in this way, the ‘Smart Card’ acts as a central pedagogical tool, involving parents in the monitoring and regulation of their children’s diets, as Mrs Gibson continues, talking about her son and his school, below:

…and so I thought we could have a print out and have a look at it…and then…if he’s going a bit wrong then…you know…rather than tell him off could just say “oh perhaps you could do this“...so I think that’s quite a good idea. (Mrs Gibson, Teacher at Eastwood House, In)

While there is nothing wrong with joining in with a child’s activities, as Burrows & Wright (2007) go on to outline, these are narrow frameworks of ‘health’ within which parents are also positioned, generating a surveillant parent-child relationship and encouraging excessive levels of self-monitoring and assessment. For those parents who do not wish to co-operate with the imperatives of ‘obesity/health’ discourse however, they are positioned as culpable within this framework, and by the ‘dangers and moral responsibilities concerning obesity’ that it constructs. These are discursive ‘meanings’ and ‘truths’ which are attached to and embedded in strong emotions for
parents - of anger, shame and fear. The discourse works within a context of making parents worried, ashamed or afraid – ‘are you this type of parent?!’

If a primary school finds that a child is overweight then the parents must be informed. To do otherwise would be to keep parents in the dark about health risks to their children. A campaign aimed at parents, children and teachers is supposed to be launched this year, three years after the target was set. When it appears, it must bring home all the risks of being obese and show that obese children can make small changes to their behaviour that help them lose weight. (Mr Leigh, Committee chairman for the Department of Health, reported in the Times Online, 25th January 2007)

In this way, both societies and schools are “totally pedagogised” by ‘obesity/health’ discourse, suggest Evans et al. (2008a), as it is played out through a network of ubiquitous surveillance of the bodies of children, across a diverse range of cultural spaces. During focus group discussion, Kate chose to share some of her family experiences with the rest of the group, and her description here, pointed to her experience of this surveillance of the body, as she had encountered it at home:

RA: Ok…did anyone else want to say anything…did you want to say anything about your poster Kate?

SUSIE: What about your Dad on holiday?

KATE: Ok…well…before…when I was happy with how I looked…I wasn’t overweight or anything…I was like happy…and then like my Dad said to like…he was gonna take me…my brother and my two sisters on holiday and he said…he told us to all lose weight for the holiday…

JANE: He told you that?!...Your Dad!

KATE: Yeah…and then…so me and my little sister we made a diet thing…we had to stick to…that we had to eat…like it was no chocolate or anything…and then I just took it too far cus like…my Dad said… “you could do with losing a bit of weight”…and then like…when I went to school…all my friends were like skinny and I’m not…and I never used to think that at all…
VICKY: Neither did I…

KATE: …and I just started thinking that and looking…and then I wouldn’t be able to walk past a window or a mirror without looking in it and thinking ‘oh my God’.

[Focus Group]

This was an experience produced within and through particular discursive ‘messages’, ‘health imperatives’, “bio-pedagogies” (Wright & Harwood, 2009) and ‘truths’ that we have already seen re-iterated for the participants, across the formal and informal cultures of their schools. Indeed the discursive ‘message’ that children “could do with losing a bit weight”, or at least the notion that ‘eating and food’ was ‘something to be monitored and controlled in the name of health’, was often paralleled for them within their lives at home, as these social contexts merged to form the intersecting discursive contexts of their lives.

6.3 “I hate all this stuff in magazines”: Learning about ‘the Body, Weight and Health’ through Wider Popular Pedagogy in the Media

“I hate all this stuff in magazines…it’s really, like…obvious that we should all lose weight.” (Vicky, Ic)

Our ‘realities’ are mediated through multiple representations, suggest Meinhof & Richardson (1994), which interact as a kind of textual practice in the consciousness of individual subjects. In our increasingly complex industrial societies, the mass media are a principal source of these representations; a provider of images and texts to be negotiated by their reader/viewer (Meinhof & Richardson, 1994: 1). ‘Obesity/health’ discourse is “one of the most powerful and pervasive discourses currently influencing ways of thinking about health and about bodies”, outlines Wright (2009: 1), and there are “few” readers/viewers who will have escaped the avalanche of public comment about ‘obesity’ and ‘weight’ across various media such as television, newspapers, and magazines, over the last few years (Gard & Wright, 2005: 16). This section, thus, explores how ‘obesity/health’ discourses are (re)produced within the media, to
“circulate as part of popular culture in wider society”, outside of the participants’ schools, “as a form of ‘popular pedagogy’” (Evans et al., 2008b: 5). For “pedagogical activity can no longer be thought of as confined to schooling” suggest Evans et al., (2008b: 5) and “also occurs in various other socio-political and cultural sites”. The analysis explores how ‘obesity/health’ discourses, (re)produced as media forms of “popular pedagogy” (Ibid.), are also framing the participants’ thinking about their ‘bodies/weight/health’ and how these ‘knowledge’ forms are intersecting and interacting with the ways in which they are making sense of their bodies, at school.

So far, their narratives have pointed to the pervasive and inescapable nature of official ‘obesity/health’ discourse across both the formal and informal cultures of their schools, paralleled also across their lives at homes, as a predominant interpretation of ‘obesity’, ‘weight’, ‘their bodies’ and their ‘heath’. This has outlined a problematic situation for these participants as ‘obesity/health’ discourse limits any wider, more holistic notion(s) of ‘health’, and also other ways of making sense of ‘the bigger body’, beyond positioning it as ‘unhealthy’ within this narrow framework.

The mass media and the impact the participants felt this had upon their understandings of their bodies and their weight, in interaction with their experiences at school, emerged as another significant theme within the data. This was raised, in particular, during focus group discussion. Although Lupton (2003) has argued that the mass media now constitutes one of the most significant sources of information about health and medicine for lay people, within the social spaces of the media and popular culture with which the participants were engaging (as within the social spaces of their schools), other ways of understanding ‘the body, weight and health’ outside of ‘obesity/health’ discourse appeared to be less available for these participants. Indeed, as predominant symbols of ‘health and the body’ enter into and are encoded through the communicated content of popular culture, for the participants it appeared that the ‘voice of popular pedagogy’ had become the ‘voice’ of dominant, official, ‘obesity/health’ discourse. For Anne, for example, certain mainstream television series were metonymic of the normative cultural ‘knowledges’ the discourse teaches and ‘proclaims’, and she spoke about a television series titled “Fat Nation Challenge”. This is a programme which emerged during the height of media claims of
‘the obesity epidemic’ in the UK, citing various ways for British people to ‘achieve’ particular kinds of ‘bodies’:

And also the programmes on TV...at that time cus I...cus I...I lost a lot of weight like...just after the UK Fat Nation Challenge thing [...] it was just sort of...general knowledge but not...it wasn’t very helpful.

(Anne, In)

Of course this particular ‘knowledge’ of ‘the body’ is concerned predominantly with persuading ‘Fat Britain’ to ‘lose weight’, as the bodies of individual subjects are positioned and produced through ‘obesity/health’ discourse within a political economy of the body. Anne’s narrative raises concerns about the ways in which the discursive ‘knowledges’ and ‘meanings’ she is making sense of her body through here, are being interpreted and used in her every day life, particularly as these are dominant discourses we have already seen re-iterated within her lessons and personal relationships at school and at home.

The participants also raised discussion and commentary around the ubiquitous features appearing in popular, contemporary magazines, which are focused around dominant cultural constructions of ‘weight loss, healthy eating and dieting’. Indeed, they reported, articles such as these had become frequent features of their lives, within western culture. Reflecting and re-iterating, once again, the cultural ‘weight loss’ messages they were learning at school, their voices allude to the ways in which they lived out these pervasive, dominant discourses, as they featured daily within popular press and publications. For some of the participants, as Claire describes below, one of the ways in which these cultural ‘body/weight/health’ messages - emerging, it seems, in every social space in which they were to look - were being taken-up and recontextualised within the participants’ lives, was as an “obsession with being thin” and a lived/felt, moral obligation to “be active”:

Like...everyone seems to be obsessed with being thin...emmm...because I think like [...] with every magazine it’s like aimed at obese people with all like the diets and exercise and stuff...and the girls here are all like “oh I have to be active”. (Claire, In)

Or, as expressed during informal discussion by Vicky (whilst we were making the
posters for one of the activity-based tasks) to be contrived as if received by oneself as an individual, as a normative cultural/discursive ‘message’ which speaks directly to the subject:

VICKY: I hate all this stuff in magazines…it’s really like…obvious that we should all lose weight.

RA: It’s just that people make a lot of money from it don’t they…that’s why they advertise it so much.

VICKY: Yeah but people actually do listen…I always thought that like…they were always aiming at me when there was stuff in the magazines.

[Informal Conversation during Poster-making Activity-Based Task]

Indeed, part of the “potency of popular culture”, suggest Evans et al. (2008b: 67), derives from its “capacity to seem to speak directly to individuals’ interests, their personal and private aspirations, as well as their troubles and needs”.

6.3.1 ‘You are what you eat’: Competing for meanings in the media, in treatment and at school

During focus group discussion, following previous informal conversation, the participants raised the issue of the difficulties they experienced with re-feeding whilst in treatment, when faced, so inescapably, with these hugely dominant ‘obesity/health’ discourses pervasive in the media and re-iterated/reinforced in schools. Whilst in treatment they were required to maintain a diet high in calories and fats. This was designed to help them re-gain the weight they had lost and also to help them get used to eating these types of food again. Amanda explained how difficult she felt this was when exposed to these normative cultural messages which positioned these foods as ‘bad, unhealthy and explicitly, morally unacceptable’:

Say like they’re watching diet stuff on TV and it just makes me think…oh God I’m in here having to eat this…and that’s what I should be eating. (Amanda, In)

Indeed, Amanda’s narrative illustrates how her treatment requirements at Eastwood House contrasted, painfully, with the imperatives of this pervasive ‘obesity/health’
discourse in which her body and the foods she ate were constituted and positioned, becoming central to her subjectivity. As such, the participants’ focus group conversations even came to parody the competing discourses central to this situation, and across these social contexts. A particularly illustrative discussion arose around what would happen if Eastwood House was to be run by celebrity television health guru: Gillian McKeith, instead of the current centre manager. This was raised, partly in good humour by the participants through their own social insights as, we have seen, they are not without some critical awareness of the limiting discourses in which they are positioned:

[The participants are discussing television programmes about ‘healthy eating’, particularly the series titled: “You Are What You Eat”, by Gillian McKeith.]

AMANDA: I don’t like eating chocolate though and I find it hard watching them programmes cus like I don’t like having to think about what she’s [Gillian McKeith] saying […]

SUSIE: They always do dieting…do dieting all the time…

JANE: I think she should replace [centre manager] here!

[Collective laughter; everyone talking at once]

KATE: She wouldn’t make us eat chocolate every day! […]

OLIVIA: She’d be like “oh you can’t have that…you can’t have that”…and we’d be all sitting there going [nods furiously]…nodding our heads!

[Focus Group]

The participants’ conversation therefore, particularly illustrates the contradictions and tensions they met as they negotiated dominant ‘obesity/health’ and ‘weight’ discourses; faced with competing constructions of how to make sense of ‘healthy eating’, within the context of Eastwood House and without, across the media and schools. Indeed, the prevalence and inescapable nature of dominant ‘obesity/health’ discourse, to which the participants’ voices give testament here, has already been well
documented by several authors who have explored its relentless recontextualisation across media, visual and textual representations (see Gard & Wright, 2005, Chapter Two; Campos, 2004; Evans et al., 2008b, Chapter Five) and analysed the gendered content of these ‘messages’ and their reductive qualities (see Bordo, 1990; 1993). The analysis so far however, has begun to illustrate how the participants are being positioned within ‘obesity/health’ discourses within their readings of popular media, and how the pedagogies and ‘knowledges’ of the ‘body/weight/health’ these define are impacting upon their subjectivities, often in damaging ways, as they cohere with social messages reinforced in schools.

6.3.2 Drawing on popular counter-discourse of ‘the influence of media imagery on women’: Implications for schools

When speaking particularly to the parents, but also to the girls, about the role of the media in the development of disordered eating practice within western culture, as they attempted to explain their views on this, it was often apparent that they were also drawing, frequently, upon popular causal discourse of ‘the influence of thin female media representations’:

And then…there again you see…you get the slim-line, skinny presenters on television and that…that culture that goes with the T.V. (Mr King, Parent of Claire, In)

I’m just sort of stressing the fact that all the models and some celebrities are a bit underweight. (Anne, Fg)

As was argued in Chapter Two, popular notions of the causality of disordered eating are confined largely within two predominant discourses (see Malson, 1998; Moulding, 2003; Hepworth, 1999, for more detailed discussion of this), the first, and most prevalent of these, situating it within the psy-medical frameworks of psychology/individual pathology. The second has emerged as a more gendered, counter-discourse, developing from some early feminist work and positioning the socio-cultural role of ‘thin, female’ media representation as a hugely causal role. Indeed, all of the parents, and some of the girls, often drew upon the latter framework here when expressing their understandings of the influence of the media upon the causality of disordered eating, as Mr Ashby’s narrative illustrates below:
Well the media is hugely at fault…emmm…you know…if you…if you think about the magazines that…the magazines for women…that are produced for women they give a false impression of…of women […] you know…very thin…very skinny and if you actually look at a lot of the magazines…a lot of women are portrayed in that way…which is not real […] so…you know…it’s an extremely dangerous situation and […] it’s giving a totally false expectation…and a false image to girls.

[Mr Ashby, Parent of Sophie, In]

The narratives of other participants during interview, were also particularly illustrative of where they, too, were drawing upon this framework, as Vicky and Mrs Jones comment below, through this, making sense of the media as a collective, and highly gendered ‘social causality’, fundamentally implicated in the development of disordered eating and problematic relationships that young women and girls have with their bodies:

I think that…I think…you know…magazines have more of an influence on them…you know the super thin models and stuff…I mean…oh Lara’s always saying “oh my legs are fat” and they’re not…you know. (Mrs Jones, Parent of Lara, In)

Models are skinny…oh my God…I really don’t see how people can’t think that models are so skinny…some of them are like emaciated and have like really bad eating disorders. (Vicky, Fg)

As also outlined and discussed in Chapter Two, this is not to deny, of course, that such media representations which, indeed, are highly gendered, may not have an influence upon young women’s lives and their relationships with their bodies. Indeed, there is even a value here in the increasing prevalence of this causal discourse, as it works to re-situate disordered eating within its socio-cultural contexts. It is a discourse, nonetheless, which is already questioned and critiqued within this project and elsewhere (see Bray, 1996; Malson, 1999), as positioning women and girls more as passive recipients who over-internalize media imagery of ‘slender femininity’, rather than as agents engaging with these resources (as we have seen the participants do so here). For the majority of the participants this was, indeed, a well-established
resistant discourse, in which they were well-versed, critiquing the media and the
damaging portrayal of ‘thin’ women’s bodies, as is often taught in media literacy
programmes and other such cultural resources (see Chapter Two). Although they were
able to critique these media images however, this analysis has already raised the
question (see Chapter Five) of whether these other subjectivities were really available
subjectivities for them:

I think like they put loads of pressure on with all like the
models and […] I don’t actually think that…when I look
at like all the models on the cat walk and stuff…I don’t
actually think they’re that pretty anyway. (Claire, In)

For the parents also, when drawing on this discourse, where they are critical of the
media in this way, their voices often appeared to allude to something that was quite
distant; reflecting upon refracted issues which were not directly related to their own
lives or those of their children:

Yes…but I think there’s also self inflicting…self
inflicted pressure […] and I suppose that’s exacerbated
by the media and watching the television…and all those
sorts of things. (Mrs Wood, Parent of Cassandra, In)

The magazines for women…the…some of them are air-
brushed but they’re done in such a way that you…you
know…that you wouldn’t see…emmm…you wouldn’t
be able to see that they’ve been air-brushed but to…to
teenagers…they look real. (Mr Ashby, Parent of Sophie,
In).

As Mrs Wood and Mr Ashby’s narratives illustrate above, they are drawing on this
causal discourse to make sense of disordered eating fundamentally through a ‘media
influence’ here, rather than looking to localities and authorities central to their own
lives, or those embedded within their daughter’s schools.

Where they are critical, and their narratives do appear to feature counter-narrative and
critical, media resistance, this is also often reduced, to some extent, to dichotomous
thinking about the media, as Mr King comments below:

I think…when these magazines carry like…particularly
the ‘Bella’ and the ‘Best’…come straight to
mind…every week on the front page it says ‘how I lost
so many stone’…they also ought to carry opposite that the perils of anorexia so you read about losing all this weight on this diet and then on there is ‘look what happens with anorexia’ […] because they do contribute […] they ought to have a warning on them…I mean you bring up the costs as well…and the damage it does to families. (Mr King, In)

Here, prevention of the “damage” these media messages are understood to cause, is constructed, within this discourse, to require the implementation of equally ‘powerful’ messages designed to counteract their influence, delivered, once again however, via the same medium of the media, and within and through this narrow social construction of ‘health’. It is our current approach to ‘health’ education, and, indeed, our discursive construction of ‘health’ and ‘health messages’ which we need to address and to question, however, suggests O’Dea (2005: 264), the implications for pedagogy here extending across both ‘health’ education in the media and ‘health’ education within schools.

6.4 Some Concluding Remarks

The narratives of the participants presented within this chapter – the parents, teachers and young people who inform the study - have illustrated the sheer pervasiveness of ‘obesity/health’ discourse as it emerges, predominantly, across different social contexts. The young people’s voices have highlighted the ways in which it is re-iterated, for them, across the informal (as well as the formal) cultures of schooling, played-out here via various pedagogies, socio-cultural practices and normative social processes of regulation and surveillance, which intersect and interact with the other social contexts of their lives. Also particularly pervasive across the media, the participants have demonstrated that they are not unable to critique the dominant discourses within which their embodied subjectivities are positioned, although their counter-narrative is often either distant and refracted from their own lives, or is reduced to dichotomous thinking about the media. Implications for pedagogy and practice, to which their voices have alluded here, will be discussed in the following chapter: Conclusion, Chapter Seven.
1 Although always significantly gendered, within this social context at school it is possible that male students were also affected in similar/other ways when interacting here, and that they were also positioned within ‘obesity/health’ discourse. As the cohort available for this study at the time consisted only of female participants however, further research to explore this area is required. This will be discussed further in the conclusion: chapter seven of this study.

2 As described by Burrows & Wright (2007).
Chapter Seven

Discussion and Conclusions: Re-thinking disordered eating, education and health

Drawing on the narratives and lived and told experiences of the participants whose voices have informed this research, the analyses have pointed to their schools as social contexts, throughout which, wider health messages and discourses of ‘obesity’ and the ‘healthy/desirable absence of fat on the body’ are being (re)produced and embedded daily. Within the formal social contexts of education, this has been alluded to by the participants, particularly within the social spaces of their schools where the body is on display, such as Physical Education. Within the more informal contexts of schools, they have pointed to social spaces such as the canteen and at lunch times with friends, wherein the act of ‘eating’; of ‘putting food into the body’, is interpreted by the participants, through these dominant discourses. Although the recontextualisation of these dominant constructions of ‘health’ into schools is based around the notion of improving the health of young people, the data have suggested that, at least for these participants, the ways in which they are ‘reading’ and interpreting these cultural messages is having a damaging and unhealthy effect upon their lives, their relationships with their bodies and food, and their developing subjectivities.

The research has drawn upon the voices of a group of young women and girls experiencing, and in treatment for, disordered eating, at the time of data collection, in order to explore the ways in which they take up and practice the ‘health’ discourses circulating within their schools and beyond. This final chapter draws some tentative conclusions from their narratives and the analyses, making some suggestions and future recommendations for policy and practice in education. Some suggestions for future work exploring the lives of other groups of young people and their schooling experiences are also discussed and the study points to the need for further research to extend this work around the issues raised; particularly for further work to explore the
discourses of ‘the body, weight and health’ across the social contexts of other young people’s lives, such as the family, which intersect with education.

Finally, some of the issues raised by the theory and methodology utilised in this research are also discussed in this chapter, including a review of the limitations of the particular approaches used. As a research project, which has involved collecting data with a vulnerable cohort of young people using a variety of qualitative tools, discussion here also makes a contribution to current methodological debates around this type of qualitative data collection. Indeed, the challenge of choosing and putting into practice a research methodology, for any researcher, requires an intricate and complex process of negotiation; a research process, thus, that also requires some of its own conclusions.

7.1 De-centring Dominant ‘Obesity/Health’ Discourses in Schools: The need for re-thinking ‘the body, weight and health’

Discourse analysis has been used as a form of qualitative research in line with the theoretical framework of this study. It has been used to explore the meanings about ‘the body, weight and health’ that the participants (re)-produced during formal data collection and informal conversations and interactions. The analyses have suggested that the young women, who were participating here, were making sense of their bodies, their weight and their health through narrowly focused and problematically ‘weight’-centred, performative ‘obesity/health’ discourse, and that this was a dominant and pervasive discourse across the formal and informal social cultures of both their schools and their homes. The data have pointed, thus, to a significant need for the decentring of these dominant discourses of ‘the body, weight and health’ in education, and further questioning of the ‘validity, expertise and authority’ of this particular knowledge production about ‘health and weight’, currently taught to young people as part of ‘health’ education, in UK schools. Although well-versed in these dominant ‘obesity/health’ discourses and the meanings they construct around ‘eating, exercise, and controlling one’s body weight’, the participants’ narratives have illustrated that these discourses were not creating ultimately healthy lifestyles or healthy relationships with their bodies for them, and that the narrow focus of these
discourses upon ‘body weight’ is problematic. Indeed, the participants’ narratives have alluded, within this research, to the need for alternative ways of thinking about ‘the body, weight and health’, and for these to become readily available discursive, socio-cultural resources, across the formal and informal contexts of their schools, and the social contexts of their lives outside of schools, which intersect and interact.

7.1.1 A weighty challenge: The pervasiveness of dominant ‘obesity/health’ discourses across the social contexts of schools/family/media

Some of the resultant tasks and areas of future research emerging from this study will involve taking steps towards changing and challenging the dominant and performative, surveillant ‘weight’-focused ways in which, the analyses have suggested, we are thinking, teaching and learning about ‘health’ in schools at present, and also across the other social contexts of young people’s lives, which connect with schools. When considering performative ‘obesity/health’ discourse and the meanings it constructs about ‘health’ at present, however, one of the most significant features of this dominant discourse, which has also emerged as a theme within the analyses, is its very cultural pervasiveness. This is thus part of the challenge that any attempts to disrupt the meanings about ‘weight-health’ produced by this discourse will face. Indeed, we have seen how the participants’ narratives have pointed to the ways in which performative ‘obesity/health’ discourse had become embedded across the social contexts of their lives: from formal lessons on Health Education, and in Physical Education at school, to informal interactions with peers and friends, at school; and from political and popular media outside of school, to informal conversations, actions and interactions with their families at home. As the analyses have illustrated, pervading the social spaces of the participants’ lives: their bodies; the shape of their bodies; how much they moved their bodies; and the food they put into their bodies; was constantly positioned within and ‘understood’ through, performative ‘obesity/health’ discourse. Across the social contexts of their lives, it seemed, there was limited escape from this particular way of constructing ‘health’. Working to question the implications of this ‘weight’-focused approach towards ‘health’ in schools, and to challenge the curricular texts that reproduce these meanings around the body and social representations of embodiment, is going to require innovative future research, therefore, which can begin to re-write, re-frame and re-theorize these
dominant discourses of the body and health, and associated paradigms in education (Brown, 2005: 71).

7.1.2 ‘The body, weight and health’: Positions available in discourse and subjectivities on offer at school?

“Schooling has a constant preoccupation with management and control over the body.” (Wrench & Garrett, 2008: 330)

In keeping with the overall focus of this research upon education and pedagogy, the major concern here is, ultimately, with the ways in which the participants’ voices have indicated that the recontextualisation of ‘obesity/health’ discourse, within their schools is impacting in damaging ways upon their relationships with their bodies; with exercise and moving their bodies and with their understandings of ‘eating and food’. It also lies with the discursive resources which the participants’ narratives have indicated are not always easily available to them in education, thus limiting the ways in which they can learn to accept and relate favourably to the diversity of physicalities they both witness and experience at school and outside of school. In this sense, the research has explored whether the participants, across the social contexts of their schools, do have access to other, less damaging ways of understanding ‘the body, weight and health’. The analyses have suggested, however, that the positions available in discourse for the participants at school were limited, in the sense that they were dominated by performative ‘obesity/health’ discourse. As such, if there were any alternative subjectivities; available discourses of ‘the body, weight and health’; other moments or alternative gaps at school, then the participants’ narratives suggested that these were not, generally, discourses which were available to them, or that they were not discourses which they were drawing upon, through which to understand their bodies and health. When talking about the context of curricula health education in particular, the participants’ narratives pointed to: the dominance of ‘obesity/health’ discourse; the (re)-production of little to no alternative discourses for acceptance of larger bodies or of any means of understanding how people can be both ‘overweight’ (according to BMI norms) and healthy and therefore morally approved (Evans et al. 2008: 128); little to no discourses through which they could view the ‘highly culturally valued slim body’ as anything other than ‘the best body to have in every
sense’ within the social hierarchy. This is not to suggest however, that alternative discourses were not present within their schools. Perhaps they were present as small pockets of counter-discourse around ‘bodily meanings’; talked about and re-produced by other young people, the cultures, classes or ethnicities of whom, differed from that of our participants? Perhaps some of the teachers held differing views or nurtured other ways of understanding the body and health, which they felt less able to share in their teaching, due to the current authority of ‘obesity/health’ discourse? This, or any research account, and the narratives that the participants have shared, can only ever offer partial accounts, after all, as the post-structuralist framework the study draws upon, outlines. Further research is required here, as such, into the meanings around ‘the body, weight and health’ which may be drawn upon and (re)-produced by other young people and by teachers in UK schools, to explore the impact of ‘obesity/health’ discourse across their lives too, and this point will be expanded upon further down the page.

The participants’ voices have raised salient questions concerning their developing identities and the subjectivities available to them at school: what happens to the subjectivities of vulnerable young people required to negotiate these dominant ‘obesity/health’ discourses, particularly pervasive in school contexts like Physical Education, where the body is on display? What happens when they come to perceive their body shape as ‘big’, ‘too big’ or ‘bigger than their friends’? The participants have suggested that this becomes very problematic for them, as their bodies are positioned in ‘obesity/health’ discourse. As the analyses illustrated, this was a significant theme to emerge within the data, around the participants’ embodied experiences of reaching puberty, growing bigger and comparing their bodies with friends and peers at school, as the ways in which they were making sense of their ‘bigger bodies’ were limited to the unfavourable ways in which the ‘bigger body’ is constituted though ‘obesity/health’ discourse. In addition to this and, as such, not least considering the limited subjectivities these discourses have offered the participants, the analyses have also pointed to how dominant ‘obesity/health’ discourse in schools may be co-opted in ways which work to legitimate bullying and personal stigma (Goffman, 1963) around ‘fat’, which several of the participants alluded to during interviews, as affecting them in damaging ways. Nonetheless, at present, at school,
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the analyses have suggested overall, that dominant, performative ‘obesity/health’ discourse and the social sanctions it upholds, remains the central component of health and physical education, and the currently, dominant way of understanding ‘the body, weight and health’, informing pedagogy and practice, across the whole schooling context.

7.2 Participants’ Bodies / Participants’ Lives: Negotiating ‘obesity/health’ discourses

It is “in the voices that we (researchers) solicit out in the field” in which “the essence of qualitative research resides”, suggests Bodone (2005: 2) and, indeed, much more has emerged from the data, as I have chosen to analyse this, within the research. This section, thus, attempts to add to the debates and the literature on disordered eating, education, obesity and health, by discussing some of the other main points to emerge within the analyses.

7.2.1 ‘Thin & healthy/white/middle class’: Negotiating gendered, classed and racialised neo-liberal discourses of the body at school

One of the central issues, discussed within some of the literature on disordered eating, and emerging, significantly, within this study, is the question of: why is it these particular girls who are experiencing disordered eating? The participants available to take part in this research were predominantly white, middle class young women, and this was not an intentional selection; rather it was a reflection of the demographic trends for disordered eating occurring within the UK population at the time, and thus at Eastwood House. This is an important consideration and, in this sense, the study raises discussion here, around the ways in which these dominant discourses of ‘health’, ‘obesity’, ‘performativity’ and ‘the body’, at school are also, as always, gendered, classed and racialised discourses (see Rich & Evans, 2009a; Azzarito & Solomon, 2005; 2006a; Azzarito, 2009a; 2009b).

The literature on disordered eating has always pointed to a relationship between social class and gender, and the development of ‘eating disorders’. Indeed, debates around the reasons for these apparent patterns in the socio-economics of disordered eating began as far back as the 1970’s where the leading authors on the subject at that time...
were beginning to document and explore an apparent prevalence within groups of white, middle class girls (e.g. Bruch, 1973; 1978; Crisp, 1980; Crisp, Palmer & Kalucy, 1976; Garner & Garfinkel, 1980). This was, of course, equated with the emphasis upon high achievement associated with the middle classes; “you are more at risk if you are white, middle class and upper class and come from high achieving families”, suggested Schwartz, Thompson & Johnson (1982: 27). As such, within some of the very early literature on ‘eating disorders’, a relationship was described between disordered eating, whiteness and upper-middle class backgrounds and also the attendance of high status schools which place an emphasis on achievement (see Lawrence, 1984b).

Correspondingly here, as reviewed in Chapter Two, a more recent growing body of literature on disordered eating has begun to point to social class and an emphasis on ‘achievement and performativity’ in mainstream education, as significant social factors in the development of disordered eating (see Rich & Evans, 2009a; 2009b; Evans et al. 2008a; 2008b; Rich, Evans & Allwood, 2005; Evans, Rich & Holroyd, 2005). In this sense, not all young people will experience performative ‘obesity/health’ discourse, neo-liberal discourses and ‘performative’ notions of the body in the same way, as these discourses are taken-up and increasingly applied in approaches to ‘health’ education and work on the body in schools (Evans & Davies 2004). Through their constructions of ‘perfection and achievement’, these discourses thus offer particular and manifold subjectivities, which favour the ‘pursuit of excellence’ most often associated with professional, ‘white’, middle class status (Lucey & Reay, 2002a). For middle class white girls, where their femininities are positioned and produced within and through these and other associated neo-liberal discourses, it is therefore unsurprising that they demonstrate these particular tendencies towards the gendered and culturally ‘valued’ pursuit of ‘thinness’.

Exploring the racialised dimensions of these discourses, more recently assumptions that ‘eating disorders’ occur only in the white/Caucasian population have been challenged by a growing body of research. This is beginning to suggest that a small, but increasing number of black, Hispanic and Asian people are experiencing disordered eating (e.g. Daniels, 2010; Gentile, Raghavan, Rajah & Gates, 2007;
Walcott, Pratt & Patel, 2003; Thomas, James & Bachmann, 2000). Reasons for this increase, however, are based largely around suggestions about the integration of these ethnic groups “into white culture” (Daniels, 2010: para. 3). As other ethnic groups “adopt Western values”, suggest Walcott, et al., 2003: 223) “they may be at risk for developing eating disorders”. In this sense it is thought that interpretations of the body vary by ethnicity and culture. Dominant discourses of the body produced within white/western cultures tend to place more emphasis upon ‘thinness’, constructing it as an increasingly valued ‘gendered commodity of the body’ in terms of both ‘attractiveness’ and ‘health’. Dominant discourses of the body produced within black and other cultures, suggest a number of researchers (see Daniels, 2010; Nielsen, 2000; Botta, 2000; Yates, Edman & Aruguete, 2004; Aruguete, DeBord, Yates & Edman, 2005) tend, however, to place less value upon ‘thinness’, constructing “heavier body ideals” (Botta, 2000: 145) which intermingle with other, fairly pervasive discourses of ‘body/self acceptance and nurturance’. In their research on disordered eating among African American and Latin women, Rubin, Fitts and Becker (2003) refer to these other ways of understanding the body as “body ethics” (See Rubin et al., 2003).

Performative ‘obesity’ and ‘healthism’ discourses, as such, can be viewed as discourses which construct ‘the healthy body’ through gendered, white ideals (Azzarito, 2009b: 184). As they are positioned within these discourses at school and within other intermingling social contexts, this points to ways in which the experiences of young people, who have developed disordered eating, are never acontextual or acultural, bringing further attention onto the socio-political, racial and gender-specific contexts in which ‘eating disorders’ are produced (Malson, 1998: xi). Indeed, we can never treat race, gender or class as “isolated categories within homogenous groups and unspecific contexts”, conclude Azzarito & Solman (2006a: 75).

In addition, this outlines some of the uses of drawing upon feminist post-structuralist theory within this study, in highlighting and analysing the complexities of gender, race, subjectivity and social class. We can, as such, theorise and explore the diversities of the participants’ experiences and the situatedness of multiple experiences within social contexts, social institutions and social interactions. As these
performative ‘obesity/health’ discourses become imbedded in school and physical education cultures where they are pedagogised and become pervasive, the body, itself, becomes a socially constructed entity through these discourses and “a contested site of political, cultural forces where gendered and racialised dominant discourses intersect, influencing individuals’ development of physicality” (Azzarito, 2009a: 20). Future work is required here to explore the effects of gender and ethnic differences upon young people’s understandings of ‘the body, weight and health’, and how the meanings they (re)produce, vary as a result. Do young people - the backgrounds, ethnicities, families and cultures of whom, differ from those of the participants who informed this research - draw upon ‘obesity/health’ discourse in the same way(s) as these participants, and if they do, then, with what impact upon their embodied subjectivities and their lives?

There are links here with the informal cultures of the family that intersect with the social contexts of the education institution, and the analyses have also pointed to a need for further research to explore these other social contexts. For example, more research is required to explore the ways in which ‘obesity/health’ discourse may be impacting upon families, and the ways in which a variety of young people, and their parents and families, are making sense of their ‘bodies, weight and health’ within this social context. “Who defines wellness?” questions Perhamus (2008: 2), and how do the policies which define wellness in schools compare with the meanings of wellness that may vary across family contexts? (see Perhamus, 2008). Indeed, in accordance with ‘obesity/health’ discourse, the ‘health’ “policy context” (Evans, Rich & Davies, 2007) as focused across schools, has shifted also to targeting families and parents in ‘the fight against childhood obesity’, in attempts to draw parents and/or caregivers “into the change project, in very explicit ways” (Burrows & Wright, 2007: 92). The recently developed “Change For Life” advertising campaign is one such example of this and is a government-led marketing campaign designed to target “schools, families and individuals”, that aims “to prevent people from becoming overweight by encouraging them to eat better and move more” (Department of Health [DoH] 2010, retrieved 3rd March 2010, from: http://www.dh.gov.uk/en/News/Currentcampaigns/Change4Life/DH_087427, para. 1). Commenced in January 2009, it has been developed to target families with children, as well as new parents with babies (Ibid.
para 2). In line with this, one of the particular features of the “obesity phenomenon”, suggest Burrows & Wright (2007: 95), and to which the analyses have also pointed within this study, is that children’s knowledge and experience of it both at home and at school are likely to correspond, due to the extensive nature of the discourse. Exploring the extent to which this may also be the case for a variety of young people of differing gender, ethnicity and class, is an important area for future research. Indeed, if we are working to transform our understandings of ‘the body, weight and health’ in schools, then we also need to address the meanings being (re)produced at home.

7.3 Future Recommendations for Policy and Practice in Education, Health, and Physical Education: Exploring other ways of understanding ‘the body, weight and health’

“Fit, healthy bodies come in all sizes and shapes…weight isn’t everything.” (Steven Blair, 2010, Senior Scientific Editor of the Surgeon General’s Report on Physical Activity and Health)

The analyses have pointed to a number of ways in which these dominant, performative ‘obesity/health’ discourses, mediated by gender, race and class, function in the participants’ lives to become detrimental to their well being and health. As they are recontextualised into pedagogy and practice across schools and as popular pedagogy across surrounding social contexts, in summary, these include the ways in which these ‘obesity/health’ discourses:

- Legitimate/produce their disordered eating practices through a discursive focus upon imposing rules and set regimes around food, such as the ‘required’ consumption of vegetables and fruit and the elimination of ‘fat’ from the diet.
- Construct food through rigid ‘good/bad’ dualisms.
- Narrowly focus ‘meanings’ about ‘health’ upon body weight and shape, rather than a more holistic approach.
- Legitimate/produce size-based disapproval, non-acceptance and blame of those with a larger body size.
• Construct exercise and physical education as a moral (government) requirement and a means of ‘burning calories and losing weight’, rather than a sense of joy and pleasure in moving your body.

• Construct the ‘bigger’ body not only as a shameful subjectivity, but also a ‘risky’ subjectivity, invoking ‘danger of ill-health and death’.

• Construct the ‘slim’ body as a sacred, attractive, good, ‘risk’-protected and ‘healthy’ superior subjectivity that is ‘desirable for everyone’.

• Increase these participants’ anxieties about their ‘weight, eating, exercise, health, self’ and their desire to have/be a ‘slim body’, as the ‘healthy and slim’ embodied discursive practices and subjectivities that the discourse defines, become a morally-imbued ‘achievement’ embedded across the performative and surveillant social contexts of schools.

As such, if students are thinking in these ways, in which these discourses prescribe – which their narratives, as illustrated in the analysis chapters have shown - then this raises a number of implications for pedagogy and practice in education.

In considering the “possibilities of our work” suggests Brown (2005: 59), this reaffirms the significance of our research in disrupting and decentring certain dominant discourses and discursive policies and practices in education institutions, and the ideological justifications upon which they are built, that sustain structural inequalities and inequities. In this sense, this study has pointed to the need to move beyond a dominant construction of ‘health’ that focuses solely on ‘weight’. That is, to move beyond the notion of ‘bigger/fatter body = unhealthy body’ which, as the critical literature (as detailed in the literature review, in Chapter Two of this study) has already shown, is not necessarily the case.

**7.3.1 Alternative approaches to ‘the body, weight and health’ in education**

“We promote Healthy Living for all sizes, instead of a war on obesity.” *(Health At Every Size, retrieved 28th February 2010, from: http://www.pearlsong.com/haes)*

Exploring the participants’ narratives has pointed, in particular, to the pedagogies of the body at school, which they suggest are having negative implications within their
lives. Indeed, other current research (see Wright & Harwood, 2009), also aiming to expand our theoretical understandings of ‘obesity/health’ discourse, has suggested that ‘obesity’ discourse depends upon “a range of pedagogies” which are enacted across schools and other institutional sites, “affecting contemporary life at both the level of the individual and the population” (Wright, 2009: 1). Talking in some detail about these body pedagogies at their schools, the participants have alluded to the need to change contemporary pedagogy around ‘the body, weight and health’. I would suggest, thus, that we need further research here which begins to explore how we can put this into action. This could include: looking at how we can start to change the narrowly focused understandings of embodiment and ‘health’ that are being taught, particularly in physical education at present, where the slimmer body shape is favoured in association with constructions of ‘health’, exercise and sports, and moving the body is configured as a means either of achieving in competitive sports or as a means of ‘burning calories to stay healthy and slim’. Further research is necessary to address the need for other approaches to physical education; for example, those which foreground educational objectives simply around giving young people the time, facilities and space to experience the joy and pleasure of moving their bodies (see Pronger, 2002). Perhaps learning about physical activity within this context, rather than constructing it as a ‘moral requirement for weight-loss and health’, would be more encouraging for some young people in choosing to take it up for themselves, and perhaps less productive of anxieties about the body, for the participants. In addition to this, future work is also required to begin to address the current Health Education curriculum, which is based largely, at present, upon policies of ‘obesity’ prevention, and notions of ‘health as an achievement associated with weight’ (see Department Of Health [DoH], 2005). Other work within critical weight studies and Fat Studies (see Tomrley and Kaloski-Naylor, 2009), highlights the potential value of the introduction of more holistic approaches to health, which do not focus upon ‘weight’ as a central component. As the analyses have shown, ‘healthy eating’ within this framework - as taught within the Health Education curriculum for these participants, is also configured along ‘good/bad’ binaries, wherein particular foods are demonized. Building on this, it may be useful to develop further work, which extends that commenced within this project, to begin to reconfigure ‘eating’ and the range of pedagogies that emerge from dominant ‘obesity/health’ discourses of ‘eating and
food’. This could necessarily work towards the development of a more ‘balanced’ approach; perhaps a more peaceful notion of eating in which enjoyment of all foods, in the required amounts at any one time, and the pleasure of appetite and satiety is emphasised, rather than a focus on the ‘need to control the appetite’ and to ‘fight the unhealthy desire for bad foods’, as produced through ‘obesity/health’ discourse. Importantly, in particular, I would suggest that future work is especially required to develop ways in which we can begin to integrate alternative discourses of ‘the bigger/fatter body’ into teaching practices and move towards offering understandings of valuing the diversity of body shapes, as readily available and prevalent ways of understanding embodiment, in schools.

7.3.2 The need for critical pedagogies: Valuing the diversity of body shapes in schools

I think fat people are as valid as anybody. I think diet and weight loss culture is destructive and I think the rhetoric surrounding the alleged global obesity epidemic stinks. I want to help make a world where people live freely and happily in their bodies – at every size. I think that the fat liberation movement is incredible, profound and life-altering and I am proud to stand alongside those who are part of it. (Charlotte Cooper, retrieved 21st January 2010 from: http://www.charlottecooper.net/docs/fat.htm, para. 2)

Fortunately, the future task of changing the ways in which we think about ‘the body, weight and health’ is an important challenge which, to some extent, could be viewed as being already underway. An increasing number of counter-discourses of ‘fat’ and ‘the fat body’ already exist ‘out there’ and are starting to circulate in society in the UK and the USA. Indeed there are an increasing number of textual resources which are beginning to challenge the narrowly focused and “destructive” ‘knowledges of the body and health’ produced by ‘obesity/health’ discourse. These counter-discourses include the publication of a growing body of critical academic, and popular literature in the form of books (e.g. Kirkland, 2008; Bacon, 2008; Campos, 2004; Solovay, 2000; Oliver, 2006; Berg, 2005; Cooper 1998; 2009; Brownell, Puhl, Schwartz, Rudd, 2005; Braziel & LeBesco, 2001; Gaesser, 2002; Berg, 2005; Thomas & Wilkerson, 2005), articles in newspapers and magazines, and online (e.g. Roehling, 18th July, 2008; Robinson, 2005; Burne, 3rd August, 2006; Robinson, 2004; Krucoff, 1996;
Blair, 2010). In addition, there is also the emergence of a number of fat acceptance and fat activist movements, one of the central organisations here being the Health At Every Size movement (HAES). This organisation is chiefly concerned with promoting other ways of viewing ‘health and fat’ (see http://www.pearlsong.com/haes.htm) and is an approach to health and well-being that encourages people not to focus upon weight, BMI, dieting or weight loss, in favour of listening to and respecting their natural appetites, enjoying intuitive eating and joyful physical activity. It is based upon the following principles, including: acceptance of and respect for, the diversities of body shapes, weights and sizes; the recognition that health and well-being are multi-dimensional, including physical, social, spiritual, occupational and emotional aspects; the promotion of all aspects of health and well-being for people of all sizes; the promotion of eating in a manner which balances hunger, natural appetite, individual needs and pleasure; the promotion of individually appropriate, enjoyable, life-enhancing physical activity rather than exercise that is focused upon a goal of weight loss; and the recognition that the same narrow BMI weight range may not be maximally healthy for every individual. HAES is focused upon celebrating “size diversity” and outlines a solution to health concerns that aims to help people live well and live happily, without encouraging or reinforcing size/weight prejudices, body dissatisfaction, disordered eating, or the negative consequences of dieting-related weight loss and re-gain (adapted from Elam, 2010, Health At Every Size, http://www.pearlsong.com/haes.htm), (see also Linda Bacon, 2008, Health At Every Size and http://www.haescommunity.org/; Kratina, King & Hayes, 2003).²

At present, as illustrated in the analyses, these invaluable resources and counter-discourses of ‘fat’ and ‘the fat body’, such as those produced by Health At Every Size, do not appear, as yet, to be predominant within mainstream society, political, personal, popular culture, or within the participants’ schools. Indeed, the participants’ narratives have suggested that these other ways of viewing ‘health’ and ‘fat’ are counter-discourses which are, perhaps, only available to, or drawn upon, by a minority of other people, at this time. Nevertheless, these counter-narratives represent other ways of re-configuring ‘fat’ (see also Braziel & LeBesco, 2001: 1; Murray, 2008) and of thinking about ‘the body, weight and health’ which, this research has suggested, we do need to begin filtering into schools if we are, indeed, interested in
young people’s health. This research has illustrated that – at least for these participants - there is a need for these other discourses and other ways of understanding ‘the body, weight and health’, to become widely available at school. I would suggest that this research, thus, works to advocate a need, at the discursive level, and within resulting policy, pedagogy, and practice, for changes in our approach towards ‘food, exercise’ and ‘the body, weight and health’ in schools for “these policies have implications for the value of our work as educators” (Brown, 2005: 59). My qualification is that the social construction of ‘the body, weight and health’ in schools needs to embrace, more explicitly and centrally – as this research has illustrated - a framework which considers the role of these discourses in students’ constructions of their bodies, and the subjectivities made available to them, through the positions in the discourses available. The voices of the participants have pointed to the need, therefore, to create social/discursive spaces within education, in which children can practice and learn a more holistic understanding of health, food, exercise and the body, based upon acceptance and enjoyment, rather than a neo-liberalised notion of ‘health’, which engenders guilt and fear.

In addition, the views of all teachers and educators may not be in agreement with the construction of ‘the body, weight and health’ produced by ‘obesity/health’ discourse, even though, as the analyses have suggested, the current dominance of this discourse means that the pedagogies of the body being taught in the participants’ schools, are produced through this framework. Research by Lakin (2002), for example, included some exploration of the views of a group of trainee teachers at the University of Gloucestershire, and their perceptions of food and nutrition. When asked about their understanding of the term: “good foods/bad foods”, the study reported that “some trainees were unhappy with the use of this phrase and explained that all foods are good for you in moderation” (Lakin, 2002: 190). Although this only incorporated 12% of the cohort of the study, one such participant, it is reported, detailed the following response, when questioned in relation to this term: “I would be reluctant to group foods like this. I have an approach to food that, if you eat too much of anything and not enough of something else it’s not going to be great for you. I wouldn’t say that fatty foods are ‘bad’ because we all need some fat in our diet. Anything is ok in moderation, your diet should be as varied as possible” (as reported in Lakin, 2002: 190).
This study suggests, therefore, that the views and opinions of some teachers may, indeed, already constitute counter-narratives to ‘obesity/health’ discourse, and that further research is required to explore this and, it is hoped, begin to integrate these other ways of understanding ‘the body/weight/eating/health’ into education.

One approach towards differently configuring eating, weight and health in education has already been developed by Frances M. Berg. In association with her work and previously published literature (see Berg, 2001; 2005) she has also begun to take steps in attempting to promote these counter discourses as alternative resources for schools in North Dakota, Iowa and Michigan, in the USA. On her website, produced as a central component of the Healthy Weight Network, for example, she offers information and resources for schools that promote an Iowa policy, which states that “school programs should focus on the healthy living, health at every size approach of wellness and wholeness” (see http://www.healthyweight.net/). This policy advocates that “childhood obesity prevention should be addressed, only through such a healthy living approach, in five settings – home, child care, school community and health care”, and this is an approach which aims to avoid “the pitfalls of dieting in children: possible negative impact on growth and development, body image distortion, learning restrictive eating practices, eating disorders and inappropriate control by adult’s to a child’s intake” (Francie M. Berg, http://www.healthyweight.net/). These Iowa guidelines also discourage the weighing of students in schools and attempt to create a “nurturing environment” instead, in which “differences are accepted” and children are taught self reliance and an alternative vision to society’s narrow focus upon ‘weight’

(retrieved 21st January, 2010, from: http://www.healthyweight.net/obesity2.html#3), (see also Berg, 2001; 2005). Berg (2001) has also published a “School Wellness Planning” model which is based around the goal of recognising “Healthy Students of All Shapes and Sizes”. It is adapted from her book: Berg (2001: 23 - 26), and has been published in the Consensus Paper: The Role of Michigan Schools in Promoting Healthy Weight, by the Michigan Department of Education in cooperation with the Michigan Department of Community Health and the Michigan Fitness Foundation, September 2001).
Indeed, this calls for future research in the UK to explore the ways in which we can begin to integrate these counter-discourses of ‘the body, weight and health’ into schools and to develop alternative policies and body pedagogies (Wright & Harwood, 2009) in education that offer available subjectivities and positions in discourse to young people, around acceptance and celebration of all body shapes. Along these lines, further work is also required here to explore the ways in which other young people who are not experiencing disordered eating, as well as those of other ethnicities, gender and class, are currently making sense of their bodies, eating and health at school, and at home; including exploration of their relationships with their ‘bodies, exercise and eating’; and the discourses within and through which they are being positioned and produced.

7.4 Some Reflections on the Methodology
Drawing on the participants’ narratives and the analyses, this chapter, so far, has outlined some of the research conclusions and also pointed to a number of suggestions and implications for future policy and practice in education, and areas of further research. In addition, the study has also drawn upon a particular methodological framework, in close association with its theoretical framework, and it is necessary within this chapter here, briefly, to provide some evaluation of this in light of future qualitative research. Considered here, from my research perspective, are some conclusions around the benefits and limitations of my chosen methodology; some of the issues raised by the study, and implications for future work.

7.4.1 Activity-based tasks as a qualitative research tool
An integral part of the research methodology for this study has been the use of activity-based tasks, the central aim here being to actively involve the research participants in the generation of data (see Oliver & Lalik, 2000; 2001; 2004; Christensen & James, 2008). As well as providing a diversity of tools through which to gain access to the participants’ narratives of their lived experience, it was also hoped these tools would offer the participants more of a leading role in representing and telling their own lives and, hopefully, also to offer them other media through which to share and express their lived and told stories. I certainly felt that the use of these tools helped me to achieve these research aims, particularly with those
participants who were less articulate and less forthcoming verbally, as I found they would still use the space of their posters, in particular, to share some of their experiences of schooling, family and friends. I also found that the focus and discussion groups worked to generate a lot of talk and debate around issues of ‘the body’. Since the participants all knew each other well and spent time together at Eastwood House informally as well as during these groups, this meant that topics they had been discussing during informal conversations, were often also raised during these group discussions, where they could be explored and expanded upon further with the group. Since ‘the body’ was very often a topic of discussion between the participants outside of the focus groups, it also became a topic of discussion during the focus groups, with little prompting from me. This was, however, quite particular to this research, these participants, and this research field and so, data collection in other social situations for other research projects would, of course, perhaps differ to this study.

Data collection with the activity-based tasks, also included the use of emails, and this was a part of the methodology that emerged along with the evolving research design. When communicating with the participants to arrange follow-up work, I found that email was the easiest medium for this, as it provided an efficient means for corresponding quickly, back and forth, with participants. In addition I also felt that email was an effective medium via which to expand upon the discussions we had already been having at Eastwood House, and offered me the space to probe and explore emerging themes with some participants. The participants who used email appeared keen to correspond in this way, replying to me consistently and offering detailed responses to anything I asked about. They also told me about things I didn’t ask about, as well as generally up-dating me on how they were getting on at the time. Communicating via email also meant that I could carry out follow-up work with one participant who I was not able to meet up with for a follow-up interview in person. Within the literature, other researchers (e.g. Griffiths, 2010; Ayling & Mewse, 2009; Ison, 2009; Olesen, 2009; Kazmer & Xie, 2008; Davis, Bolding, Hart, Sherr & Elford, 2004; Seymour, 2001) who have also used electronic media such as emails as a qualitative research tool, have also pointed to these as useful methods to employ, for example, suggesting that online methodologies have the advantages of reducing the
need for travel, can be time-saving and can put the researcher in touch with geographically or socially isolated participants (Davis et al., 2004: 947). They can also offer further “opportunity to gain a longitudinal perspective” (Ison, 2009: 170) and the space for participants to extend on a particular topic, as they wish, and to “delete or qualify a point, or to clarify their responses over time” (Seymour, 2001: 152). Using emails as a qualitative research tool is not a methodology without its disadvantages, however, as these researchers also outline in their reviews. “Technological uptake is not a random phenomenon”, suggests Seymour (2001: 149) and “computer use is strongly related to gender, age, education and socio-economic status”. This can mean that using emails could potentially exclude particular groups of participants who do not have internet access. Although this was not an issue to emerge within the data-collection for this particular study, since a variety of qualitative research tools were used, I feel this is an important point to be considered for any future work. In addition to this, some researchers have also suggested that the use of electronic methodologies can lack the non-verbal cues present in face-to-face interactions, such as facial expressions, body language and hand gestures, although they can provide “other cues not available face-to-face, such as spellings” (Kazmer & Xie, 2009: 259). In terms of the methodology employed for this research, emails were used as a follow-up tool only; to probe and expand on some participants’ responses, in conjunction with face-to-face interactions, follow-up interviews, diary-writing, and other work. I would suggest, therefore, that emails can offer a useful, additional reflective mechanism for both researchers and participants to expand upon narratives, but that they were most effectively used within this study when combined with the other qualitative research tools employed for the methodology.

7.4.2 Feminist post-structural methodologies: Exploring ‘Affect’ and the limits of discourse analysis

“Everything about school gives me an ache in my stomach”. (Vicky, In)

On completion of the data collection, analyses of the participants’ narratives and of the discourses, subjectivities and experiences at home and at school that they shared, were carried out using a discourse analysis and drawing on the concepts of social positioning (Davies & Harré, 1990; Davies & Banks, 1992; Davies, 2000) and bio-
pedagogies (Wright & Harwood, 2009). One of the benefits of this particular poststructuralist epistemology lies with the multiple levels and complexities it uncovers, in investigating the social forces which shape the development of identity (Wattsjohnson, 2005: 192) through language. Throughout the analyses, however, the participants’ narratives have alluded to particular aspects of their embodiment, emotional and sensory experience, as central features of their experience and, expressing these positions, within and through this framework has been more difficult to accomplish. This perhaps points, thus, towards the need for extended means or alternative media through which to express; to analyse and explore participants’ ontology. Indeed, discourses are also emotive and the language the participants used in talking about and alluding to, the effects of the discourses that they were drawing upon, was very often, noticeably emotive:

I used to feel cold but fat...exercise like mad...emmm...depressed about school, eating, pain, anger...fear and tears. (Olivia, Fg)

I now think that when I eat the bad foods, like I had to at the clinic, it made me hate myself even more as it makes me feel much more guilty, therefore I get more anger and hate and feel so much worse about myself that I need to make up for this feeling by losing. (Ruth, Em)

As such, particularly within the research field of physical education, where embodied experience is central, further research which explores the emotive, embodied affects of feelings through discursive practice would be useful here, in furthering our understandings of the emotional, as lived through the body (see Grosz, 1994). Indeed, a small number of researchers (see Rich, 2010; Walkerdine, 2009; Leahy, 2009; Fraser, Maher & Wright, 2010) have already commenced a move towards understanding “the role of emotions in the complex relations between the body, food and the self” (Fraser et al., 2010: 193) and the “affects” of discourse within the Physical Education and Health Education contexts, attempting to extend the concept of bio-power, and its use in exploring discourses of ‘obesity’ and ‘health’. To view subjects as “produced through power/knowledge/desire”, suggests Walkerdine (2009: 201) is to assume “a simple relation between regulation and a subject”, and does not take into account the varied anxieties about weight, the feelings of failure, guilt, shame and fear through which this disciplining of subjects, is accomplished. In this
sense, in order to engage with the complexities of bio-pedagogies and the impact of ‘obesity/health’ discourse we “need to go beyond the field (bio-power and governmentality studies) to engage with more experimental and interdisciplinary perspectives to bring new light to understanding and thinking about bio-pedagogies” (Leahy, 2009: 172-173). Future work which continues to build upon Leahy (2009) and Walkerdine (2009) to explore how feelings, or “affect”, may do the work of governmentality, is required, if we are to “better understand the complexities of relations between the regulative practices of schools and young people's bodies” (Rich, 2010: 2).

7.5 Representing Young People’s Lives: *Research from a feminist post-structuralist perspective*

As outlined in Chapter Three, this study is positioned within a feminist post-structuralist theoretical framework. It has drawn upon Foucault’s (1973; 1977; 1978) concept of discourse and of discourse analysis, as well as the work of a number of other feminist post-structuralist authors, to analyse and explore the participants’ multiple voices and the discourses they are negotiating across the social spaces of school, and beyond. Indeed, the concepts of discourse (Foucault, 1973; 1977; 1978) and of social positioning (Davies, 1989; 1991; 1992; 1997; 2000; Davies & Harré, 1990; Davies & Banks, 1992) have been invaluable to this thesis, offering the theoretical tools through which to understand some of the tensions, contradictions and shifts of power which the participants are facing, as their subjectivities are positioned and produced within and through the processes of social interaction they engage in, within and across different contexts of learning. Utilising post-structuralist theory in this way is designed to further our understandings of the relationship between the subject and the social and, within this thesis, has been drawn upon, particularly, as a means of exploring the relationship between education policy (Ball, 2006), dominant discourse of ‘the body, weight and health’, and participants’ subjectivities. In this sense, as we have seen, within the analysis chapters, I have been interested in how the participants’ embodied subjectivities are socially constituted in relation to the education institution, and discourses embedded in health and physical education (Wright, 2004b: 19), and other intersecting social contexts.
The use of post-structuralist concepts throughout the study have provided the theoretical means for understanding the narratives of their ‘bodies’, that the participants have shared, as socially constituted and culturally produced; as central to, and constitutive of, their conceptions of ‘self’; embedded within and (re)produced through the frameworks of meaning they are negotiating at school, with their friends, through the media, and with their families at home. This has also offered a dynamic theoretical framework through which a more flexible, multifaceted picture of the participants’ lives can be viewed, which points to the intricate complexities of their schools; their social/personal worlds, and ‘selves’. Indeed the theory in itself, in identifying the modes of self representation embedded within the participants’ narratives, has also illustrated how they are produced and re-produced within these social contexts: not as some relatively fixed and unitary ‘end product’, but as “one who is constituted and reconstituted through the various discursive practices in which they participate” (Davies & Harré, 2000: 46).

7.5.1 Drawing on participants’ voices: Contributions to theory

Throughout the study, as we have seen, although the research draws significantly upon the theoretical framework within which it sits, to analyse and explore the participants’ voices, this work is also drawing upon the participants’ voices, to contribute to the theory; it is a reflexive process. Indeed, the young women whose voices inform this study, have thrown the research into a particular form since they so embody the discourses which they are drawing upon, around ‘eating’, ‘fat/weight/shape’, ‘performativity of the body’, ‘education’ and ‘health’. In this sense, in exploring their lives through the theory, the data also highlights the theory, bringing it ‘to life’, in illuminative and emotive ways. Talking to these young women experiencing disordered eating and listening to their narratives as they constitute embodiment, subjectivity and ‘health’ through discourses embedded in social processes of interaction at school and at home, points to this as a particularly, and intensely compelling, visceral process for these participants. Indeed, it is the participants’ life experiences, as they describe them, which lend to the theory a more cogent and salient dimension. Although the theory points to the discourses and discursive practices in which disordered eating is constituted and to the ways in which the body is always-already constituted in, and regulated by, socio-historically specific
discourses (Malson, 1998: 49), this is by no means occurring within a theoretical
vacuum; these are living young women, and these are young women’s lives. As
Foucault (1977: 147) suggests, historical discourses may “attach themselves to” and
become “inscribed” upon “the body”, yet, as the participants have shown, although
these may only be discursively constructed ‘truths’ about ‘the body’, they may have
very real embodied consequences for some. In this way, and in the hope of avoiding
the “one-dimensional normativity” which Saukko (2008a: 6) identifies within much of
the literature on disordered eating, the study has pointed to the complexities and
varied sets of emotions which the participants appeared to attach to and associate with
these discourses of ‘the body, weight and health’, and the impact of these within their
lives.

I would also echo the sentiments, here, of Saukko (2000: 299), who questions the use
of feminist post-structuralist theory and discourse analysis, to ask: how we can be
respectful and true to the inner experiences of our participants, whilst using this
approach to critically assess the very cultural discourses through which their
experiences are made? Drawing on my own experiences as a researcher of this study,
like Saukko (2000), I would agree that doing and writing this type of research requires
a particular sensitivity to the texture and nuance of personal stories. By listening to
the participants’ voices and stories which inform this work, however, I would also
point out that the participants appeared to draw upon competing and contradictory
discourses, themselves, on occasions, and thus would - perhaps indirectly - critique
the very discourses from which their stories were made, themselves. As such I can
suggest only that our participants’ stories offer us an endless array of insights into the
dense formation of moral ‘shoulds and should nots’ and ‘goods and bads’, which, in
and through discourse, surround ‘the body’, ‘food’, ‘physical activity’, ‘health’ and
‘education’, and that we can do only our best to listen to these stories and the social
‘truths’ through which they are ‘produced’, whilst paying particular attention to how
we are positioned, ourselves, as researchers, within the telling of these participants’
lives.
7.6 Issues of Representation and Reflexivity: Acknowledging limitations of the theory and research

To acknowledge myself as researcher positioned within the research, and thus within the post-structuralist theoretical framework of this study, is to view my role as the ‘co-producer’ rather than the ‘exhuming’ of knowledge, shaping and constructing meaning within and through the meanings that the participants create. Indeed, all research is a product of the experiences and interpretations of both the researcher and the participants involved in the research, suggest Stanley & Wise (1990: 43), a concern with the “knowledge gaining process of feminist research”, which they term: “the researcher’s intellectual biography”. As such, I have tried where possible to reflexively situate myself within the research account, and identify my own position within the research process, viewing my research findings, thus, not as objective ‘truths’, but as the subjective product of a dynamic and complex two-way, interactive process of interpretation (Greatrex-White, 2008: 1842). What it means to be reflexive, and how researchers, and feminist researchers, are to go about achieving this aim of reflexivity, is currently a debated topic within a growing body of literature on qualitative research (see Etherington, 2007; Rice, 2009; Buckner, 2005; Finlay, 2002a; 2002b; Davies, Browne, Gannon, Honan, Laws, Mueller-Rockstroh, Bendix, 2004; Gordon, 2005). Within post-structuralist research, the notion of reflexivity has evolved as a part of the theoretical framework; as a means of identifying the discursive and macro socio-political forces that shape, not only the research narratives of research participants, but also those of the researchers, themselves (Finlay, 2002a: 211). Reflexivity, in broader terms, is a skill that we develop, suggests Etherington (2007: 601), which entails “an ability to notice our responses to the world around us, to stories, and to other people and events”. It is the development of a reflexive awareness which we then use to direct our actions and communications, and which informs our subsequent understandings. Extending this reflexivity into the practice of social research involves developing a particular awareness of the social, historical and cultural contexts in which we are positioned, and how these affect how we conduct, represent and interpret our research stories. Central to the notion of reflexivity, as a research tool, is a focus upon our own subjectivity as researcher, at every stage of the research process, making visible the values and beliefs that we hold, the language that
we use, our own experiences and perceptions, and how all this may influence the research process and its outcomes (Ibid.). In order to try and achieve this aim of reflexivity within the context of my own research for this study, throughout the process of data collection, I took care to make detailed notes and reflections in a research diary. These were notes and reflections upon my own thoughts, feelings and experiences as I conducted interviews, activity-based tasks, and took part in other formal and informal interactions and conversations with research participants. I read back over these notes, whilst conducting and writing the analysis chapters for this study, and felt that they were important in bringing further critical and reflexive attention to the part that I, myself, have played, and continue to play, as researcher (Del Buoso, 2007: 312). In this way, by attempting also to analyse my own discursive practices (Gordon, 2005), and researcher subjectivity (Buckner, 2005), I hoped this would enable me to see more of that which we normally dis-attend; “not just in the words on the page, but in the texts of ‘self’” (Davies, 1997: 272) through which all stories, and all research stories are, collectively, created. I consider this, not only an important theoretical and methodological consideration, within the research, but also an ethical one.

Although I have outlined here, as above, the theoretical and methodological steps I have taken in an attempt to acknowledge my own positionality within the research, this is not to overlook the power with which I, as researcher, am still endowed as author of ‘the text’; as the writer and thus shaper of the research text, and that which it omits or includes. Indeed, the power of the researcher/writer, has been well documented within the literature (see Sparkes, 1995; Honan, Knobel, Baker & Davies, 2000; Clark & Sharf, 2007; Rice, 2009) and the limitations of qualitative theory, in this sense, outlined, by bringing attention to the dilemma of representation (Rice, 2009: 245). These authors have pointed out that, despite the engagement with reflexivity, any representation within social research, is always a partial and located account, and thus that the experiences of research participants cannot be ‘reproduced’ in the absolute sense, since any representation is always from a particular position and point of view (Harris, 2002). Indeed, by researching and re-conceptualising other people’s lives, we are creating certain ethical and epistemological issues, of process and power. As such, as a researcher, I can offer this research only as a textual
construction (Denzin, 1997: 4-5) of my own subjective experience, and of these participants’ lives as I perceived and experienced them; as a partial and open account of the narratives they shared with me, which could, perhaps, be interpreted in other ways, using other theoretical perspectives, and used to create other research stories. Therefore, like MacLure (2003: 80 - 81), I do not believe that I can make any crude generalisations, offer any objective ‘true’ findings or ‘absolute results’ from the “texts” of this, or any educational research. I do believe there are some messages emerging, however, through the participants’ narratives, which, at the very least, we need to consider. Having listened to, explored and analysed these participants’ stories I feel that, together, they have pointed to some of the discursive constructions of ‘the body’, ‘health’, ‘obesity’, ‘fat’ and ‘food’ currently dominant across the social contexts of schooling. This has been discussed in the previous sections, which have focused upon these social messages emerging out of the analyses and, within the limits of the theory and research, some tentative conclusions have been drawn.

7.7 Contributions of the Study to the Literature on Disordered Eating: From psychology to schools

“Anorexia must be considered in its social and cultural contexts in order to be better treated and understood.”
(Hepworth, 1999: 3)

Finally, to return to one of the central arguments of the thesis which, like Malson (1998), Hepworth (1999) and Burns (2003), has attempted to re-situate our understandings of disordered eating back within the social contexts, social institutions and social constructs within and through which, it is produced. In first addressing this, Chapter Two presented a detailed review of the extensive literature on disordered eating, which extends across several disciplines. As we saw in this chapter, although there are a number of competing ways and different frameworks through which disordered eating is interpreted and understood, it is through the dominant discourses of psychology and associated medicalized paradigms, in present times, that ‘eating disorders’ are mainly conceptualized and understood. And it is also through these contemporary, dominant ‘frameworks of thought’ that ‘eating disorders’ are both treated, and how they are addressed: viewed, largely, either as an individual psycho-pathology, or media “reading disorder” (Bray, 1996) suffered by women. This study
is part of a relatively small growing body of work, which is working to re-situate disordered eating back within the socio-cultural, institutional and socio-historic contexts wherein it is (re)produced; within and thorough the varied, complex and socially contextualized everyday experiences of young women and girls, and some boys (Malson, 1998: x).

Drawing on the narratives of the participants who are or have been experiencing disordered eating, the analyses, therefore, have illustrated how dominant, narrowly focused, gendered and racialised discourses of ‘the body, weight and health’, embedded across the formal and informal social contexts of schooling – and also intersecting with social contexts outside of school - have contributed to the ways in which their eating has become ‘disordered’ and perhaps, also, some of the ways in which their understandings of their own bodies have become ‘troubled’ interpretations. The analyses have shown how this has also been influenced by other, neo-liberal discourses of ‘performativity’ (Ball, 2003; 2004), pervasive across both the formal and informal contexts of education. These are (white) classed discourses which place an increasing emphasis upon competition, comparison and ‘achievement’, drawn-upon by many of the participants who informed this research, perhaps in association with some of their own middle-class backgrounds and the subjectivities available to them.

This research has attempted, therefore, to re-position and to shift causal interpretations of disordered eating from a narrow focus upon individual ‘psychology/pathology’, onto the formal and informal cultures of the education institution and wider socio-cultural contexts. Attention has been given here to the “potency of pedagogies” (Bodone, 2005) that develop within and through unexamined discourses of ‘the body, weight and health’ within, and outside of, schools. Indeed, as education is a primary social context within the lives of everyone - at least during one major part of their life journeys - it is hoped that this central and necessary social context will remain the centre of much further, social research on disordered eating.
7.8 Final Concluding Remarks

Having shared with us a number of key complexities in the ways in which we are thinking about health, the participants have pointed to the importance of considering these insights, throughout our pedagogy and practice in education. Above all, the effects of dominant discourse can “mean everything” for some students and we need to consider carefully the meanings that we (re)produce. Indeed, “it is more than likely that we will all struggle with emotional, spiritual, and physical issues during our lifetimes” suggests Robinson (2004: 5), yet “understanding and living skilfully and compassionately with those struggles rather than perpetually searching for the latest holy grail of optimal health, may come closer to what it really means to be healthy” (Robinson, 2004: 5).

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1 This is not to deny the experiences of boys. There is a growing body of literature which is beginning to document some of the experiences of boys and disordered eating (see Langley, 2006); and body dissatisfaction (see Warren, 2008); and associated practices of ‘exercise’, ‘health’ and ‘achievement in sports’ (see Petrie, Greenleaf, Reel & Carter, 2008). The focus upon girls within this study, however, has emerged in line with current demographic trends in the incidence of disordered eating, which meant that no boys were available to participate in the research at the time of data collection. Indeed, B-Eat: Beating Eating Disorders, (5th January, 2010, previously know as The Eating Disorders Association), reports that 10% of people known to have eating disorders are male, and 90% are female. However, although these trends have indicated, perhaps, so far, that ‘thinness’ is of more value for women and young girls, as it is constructed within this culture, perhaps further research is required to explore the influence of ‘obesity’ discourse and performative discourses of ‘healthism’, upon boys, and how this may be impacting their subjectivities and their relationships with their bodies and health.

2 In addition, there are an increasing number of other organisations which are also dedicated to challenging and changing the current and narrowly focused, yet dominant view that, ‘weight = health’. To give some detail here, some of these include: the Association for Size Diversity and Health (ASDH) and the Body Positive. The ASDH, first of all, is an international organisation associated with and committed to the principles of HAES. This organisation aims to enhance an understanding of health and well-being which is free from assumptions about weight and weight discrimination. Health, they suggest, is “measured by many factors, including the right to be peaceful in one’s body” (http://www.sizediversityandhealth.org). The Body Positive is an approach which “looks at ways we can feel good in the bodies we have” and aims to “celebrate individuality” and to accept that progress in self-care and health does not have to mean a change in weight (Burgard, 2007, http://www.thebodypositive.org). Furthermore, the North Dakota Healthy Weight Council (HWC) also promote an holistic view of ‘health’ which they have applied – importantly - to schools in North Dakota, in the USA. It is based on the belief that “wellness includes health in body, mind and spirit and all aspects are important to a student’s success in school” (North Dakota Healthy Weight Council, October 2007, retrieved 21st January 2010, from: http://www.healthyweightnetwork.com/ndxstmt.pdf, para. 3). Also, other organisations, which have emerged as part of the fat acceptance movement, include the National Association to Advance Fat Acceptance (NAAFA), which is a non-profit civil rights organisation “dedicated to ending size discrimination in all of its forms” and aiming to “help build a society in which people of every size are accepted with dignity and equality in all aspects of life” (http://www.naafaonline.com/dev2/). There is also the Rudd Center for Food Policy and Obesity...
(see http://yaleruddcenter.org/what_we_do.aspx?id=10), the Council On Size and Weight Discrimination (CSWD), (see http://www.cswd.org) and the Fat Rights Coalition (FRC). The FRC was founded in 2007 and harbours similar goals in combating the “open discrimination” which “fat people face” (http://www.fatrights.org/). Finally, there are also a growing number of websites produced by academic authors - mostly who have already contributed to the critical academic literature on ‘obesity’ and ‘obesity discourse’ (see Charlotte Cooper at http://www.charlottecooper.net; Linda Bacon at http://www.haescommunity.org/; Frances M. Berg at http://www.healthyweight.net/obesity2.html#3). These websites work to continuously promote online discussion and debate around counter-discourse of ‘obesity’, alternative discourse of fat acceptance and fat activism, provide information on recent research and literature and other resources for understanding and thinking about ‘fat’ and ‘health’ in different ways.
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Appendix A: Informed Consent Form for all participants

Schooling Experiences and Eating Disorders
WILLINGNESS TO PARTICIPATE FORM

The purpose and details of this study have been explained to me. [ ]

I understand that this study is concerned with exploring issues around education and eating disorders, and that the methods used will involve my participation in individual and group interviews, focus group discussions and activity-based tasks. [ ]

I understand that all procedures have been approved by the Loughborough University Ethical Advisory Committee. [ ]

I have read and understood the information sheet and this consent form. [ ]

I have had an opportunity to ask questions about my participation in this study. [ ]

I understand that I have the right to withdraw from this study at any stage for any reason, and that I will not be required to explain my reasons for withdrawing. [ ]

I understand that I do not have to answer any questions I do not want to answer and that I can ask for any tape recordings to be stopped at any time without giving my reasons. [ ]

I understand that all the information I provide will be treated in strict confidence and all records made will not use my name and therefore all participant’s responses will be anonymous. [ ]

I understand that quotations from interviews and focus groups will be used in the final research report (thesis) and other publications, and that, as explained above, these will be only be used anonymously. [ ]

I am willing to participate in this study. [ ]
Appendix B: Information Sheet for Participants at Eastwood House

Schooling Experiences and Eating Disorders

Hi!

You’ve probably already seen me around the centre a few times and maybe we’ve already had a chat?!

My name is Rachel Allwood, I’m a researcher from Loughborough University and I am interested in hearing about your experiences at school and how they may have influenced having an eating disorder. Whether they have been good or bad, or whether you have any ideas, thoughts or views on how you think schools could help students with eating problems, or anything else, I would really value your input.

Hopefully I will be able to get to know you a bit better first, and then I would like to carry out some interviews, group discussions and activities, such as making posters, with anyone who wants to join in.

All your information will be kept private and confidential and nobody’s name will be used, therefore all responses will be anonymous. Anyone participating in the study can also withdraw whenever they want to, without giving any reasons.

These activities are designed to give you a chance to have your say about any issues which you would like to discuss and are also intended to be enjoyable, and so I hope you will feel that you want to be involved. However, you don’t have to do this if you don’t want to.

This letter is just to let you know about the research, so you don’t have to do anything with it. Don’t worry if it is a bit confusing at the
moment, it will all be explained to you again! If you do have any questions however, please don’t hesitate to come and ask me about anything or to speak to someone you know better, if you prefer.

Thanks a lot,

Rachel
Hello,

First of all, can I say a big thank you for your interest in my research; I really value your contribution; hearing about your own experiences; your opinions and views.

Here, I will explain a bit about what I am aiming to explore, before asking you to confirm whether you would like to take part and to sign the consent form, or not. Please, if at any point you have any questions, feel free to ask.

Ok, well I am not setting out to directly criticise or evaluate schools or teachers, or to see them as a direct 'cause' of eating disorders. I am interested in things such as policy, messages about health, and the media, and how these things may be taken-up and become embedded in school cultures, and how this can impact upon pupils.

I would like to learn about the helpful and unhelpful things which you may feel schools do, in relation to eating disorders and body image. Perhaps, also about the range of support schools may offer to students and their parents, in relation to eating disorders.

Part of the aims of my project are to look beyond the general stereotypes of eating disorders, and to explore the cultural complexities through which they may exist for those who experience them.

In regards to the ethical considerations of my work: all personal information will be kept in strict confidence and participants' real names will never be used, therefore, all responses will be anonymous.
Anyone participating in the study can also withdraw whenever they wish, without giving any reasons.

Finally, if you would like to read any my work resulting from this research, then I would be happy to provide you with copies of my analyses and/or any subsequent publications.

Thank you once again for your interest,

Rachel F Allwood,  
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Appendices A-H

Appendix D: Instruction Sheet for Diary Writing Task

Hello,

As you already know, I am currently doing some research here at Eastwood House and am interested in learning about your thoughts, feelings and experiences of school.

I would really appreciate your help with my project, by using this diary to write down some of the things you remember, think or feel are important about school, and the time you spent at school before coming to Eastwood House. (Please remember though, that you don’t have to take part if you don’t want to, and you don’t have to give any reasons.)

I am interested to know whether you feel any aspects of your experiences at school have influenced the way you feel about your self now (positively or negatively).

This is not a test, so there are no right or wrong answers. I am just interested in learning about the experiences that you have had at school. However, you can choose other things to talk about if you like - whatever is important to you.

You don’t have to write about what I have suggested, but if you would like a list to consider, then you could think about the following, if you wish:

- Are there any important times that you particularly remember at school?
- What were the positive and negative things about your school?
- Do you think that your school has influenced you in any way?
- Were you involved in any clubs or extra-curricula activities?
- Did you do any sports? Did you like P.E?
- Did you have any exams and assessments? How did you feel about these?
- Did you learn about health at school?
- Have you learnt about health at home or anywhere else outside of school?
- What was eating like at school?
- Did you have many friends at school? How have they influenced your experiences?
- How do you feel about your body when you are at school?
• What was it like going back to school after you left Eastwood house?

This is quite a long list and you don’t have to write about all of these. Also, you don’t have to do this all in one go. It is up to you to write as much as you want, about whatever you want, whenever you feel like it.

I will hopefully manage to chat to you about this, and then, also about the things you have written, if we meet for another interview later on.

I would like to collect this diary when you have finished with it, but if you decide you would prefer me not to, then that is fine. Or, if you don’t mind if I do collect it for a bit, then I could arrange to send it back to you, if you wish.

Anything that you share with me in this diary will be kept private and confidential, and I will never use your name in anything that I write.

Remember that this diary is for your own use, so please feel free to write, draw or make notes in it, or to include poems, comments or pictures. Anything you like, really!

Thanks,

Rachel
Appendix E: Topics Explored During Interviews with Participants at Eastwood House

This was used as a guideline only, in accordance with the semi-structured approach of the interviews. There was no rigid structuring or particular ordering to the interviews. The conversation often moved back and forth between topics with some overlap and the emergence of other topics or themes perhaps not on this list. Indeed, this list provided only a flexible means of prompting participants and of keeping the interview within the research areas to be explored. During these interviews, which were the first interviews conducted with the participants at Eastwood House, the conversations began by discussing the posters of those who had made them during the activity-based tasks.

[A]. Informed Consent: *Explain to participant in relation to following*

- Go over Information Sheet for Participants at Eastwood House, and background to research.
- Confidentiality and anonymity - it is confidential and all transcripts will be kept confidential and names changed. However, I would be obligated to report if they told me something about themselves or someone else being in immediate danger.
- Don’t have to answer anything and can stop at any point, without giving reasons.
- Conversation, not interview. There are no right or wrong answers, I’m just interested in their own opinions and experiences.
- Any questions before we start?
- Consent to record the discussion?
- Sign Informed Consent Form.

[B]. Opening Up: *General questions and posters*

- Which school went to?
- Subjects? Like/dislike?
- Aim to conduct the first interviews around their posters so as to try and lead their responses and ideas as little as possible.
- Ok, maybe we can have a look at your poster now, could you tell me about it? Use the posters to talk over.

[C]. Exams and Achievement

- Subjects enjoyed/didn’t enjoy at school and why?
- Exams.
- Pressures.
- Importance of academic achievement.
- Competition.
- Importance of sporting achievement, if any.
[D]. Food at School

- Food/eating at school. What was it like?
- Good food/bad food.
- What other people think about what you eat.
- Eating in front of others/comments.
- Fat/thin foods.
- Food as punishment/reward.

[E]. ‘Health’ at School

- Health education.
- P.H.S.E
- Education on resisting media ideology and ‘self-esteem’.
- Teaching about eating disorders.
- ‘Obesity epidemic’ and obesity prevention programmes.
- Learn about weight/overweight/underweight/BMI?
- Food to take to school – what foods are ok?
- Junk food.
- The ‘importance’ of exercise.
- ‘Children are all too fat these days’.
- Government ‘health’ imperatives, e.g. ‘Five a Day’ etc.
- Their interest/understanding/up-take of these.

[F]. Physical Education

- Did they do P.E? Did they enjoy/not enjoy it? Why?
- Learn about health in P.E?
- Learn about weight in P.E?
- The purpose of P.E?
- Sport, competition, body as a machine.

[G]. The Body at School

- Body shapes portrayed in P.E.
- Feelings or pressure to look a certain way/having the ‘right body’ at school.
- How do they feel about their bodies at school?
- When do they notice their bodies at school?
- How feel about this - feelings, guilt, fear.
- Self-acceptance.
- Fitting in.
- Being happy with your body.
- Media, thin models/ideals of thinness.

[H]. Peers/Friends/Bullying/Relationships at School

- Supportive friends?
• Friends understanding?
• Peer pressure, pressure to look a certain way – the ‘right body’/clothes etc.
• Peers/other students.
• Being bullied.
• Falling out.
• School’s policies on bullying.
• Bullying about weight – over/underweight.

[I]. Teachers

• Do/did they understand about disordered eating?
• Relationships with teachers.
• Awareness.
• Knowing what to say.
• Someone to talk to – support.
• Confidentiality.

[J]. Experiences at School and Going Back to School

• Their past schooling experiences? Good/bad?
• How they feel about returning to school when they leave Eastwood House?
• Returning to old problems.
• People’s reactions.
• Being at target weight.
• Everyone saying “you look so healthy now!”
• P.E at target weight.
• ‘Health’ education.
• Exams.
• Friends.

[K]. What Can Schools do to Help?

• How they think schools could help? Their own experience?
• Health education?
• P.E?
• Not judging people on their looks/size.
• Educating a balance rather than good/bad.
• The person not the behaviour.
• No one’s perfect.
• School-based discussion/self-help groups.
• School’s involvement with the Eating Disorders Association.

[L]. Closing

• I really value hearing what you have to say. Thank you very much for your help with my research.
• Please feel free to ask about anything or any of the research, if you want to, you are welcome to ask any questions.
Appendix F: Topics Explored During Interviews with Parents

This was used as a guideline only, in accordance with the semi-structured approach of the interviews. There was no rigid structuring or particular ordering to the interviews. The conversation often moved back and forth between topics with some overlap and the emergence of other topics or themes perhaps not on this list. Indeed, this list provided only a flexible means of prompting participants and of keeping the interview within the research areas to be explored.

[A]. Informed Consent: Explain to participant in relation to following

- Go over Information Sheet for Parents, and background to research
- Confidentiality and anonymity.
- Don’t have to answer anything, can stop at any point without giving reasons, or change the topic/subject.
- Conversation, not interview. There are no right or wrong answers, I’m just interested in their own opinions and experiences.
- Any questions before we start?
- Consent to record the discussion?
- Sign Informed Consent Form.

[B]. Opening Up: First of all and general questions

Today I do have some areas we could, perhaps, chat over, but, above all I am interested in your own perceptions and experiences and so, first of all, I would like to ask if there is anything that you’d like to share with me to start off with?

- Which school does their child attend?
- Is it private/state, co-ed/single.
- How long have they been there?
- What year are they in?

[C]. Physical Education

- Does their child enjoy P.E? Why/why not?
- What do they do in P.E?
- Their own perception/experiences of P.E.
- Anything health or weight related?
- Competition.
- Sports.

[D]. Exams and Achievement

- Exams at school
- What is it like for students these days?
• Importance of exams/academic achievement to their child.
• Hours spent working on school work.
• Pressure.
• Competition.
• Being good enough.
• Sporting achievement.

[E]. ‘Health’ at School

• Health education.
• P.H.S.E
• Education on resisting media ideology and ‘self-esteem’.
• Teaching about eating disorders.
• ‘Obesity epidemic’ and obesity prevention programmes.
• Learn about weight/overweight/underweight/BMI?
• Food to take to school – what foods are ok?
• Junk food.
• The ‘importance’ of exercise.
• ‘Children are all too fat these days’.
• Government ‘health’ imperatives, e.g. ‘Five a Day’ etc.
• Their interest/understanding/up-take of these.

[F]. The Body at School

• Their own/their child’s experiences?
• Body shapes portrayed in P.E.
• Feelings or pressure to look a certain way/having the ‘right body’ at school.
• How this affects their child.
• Fitting in.
• Being happy with your body.
• Media, thin models/ideals of thinness.

[G]. Peers/Friends/Bullying/Relationships at School

• Their own/their child’s experiences?
• Supportive friends?
• Friends understanding?
• Peer pressure, pressure to look a certain way – the ‘right body’/clothes etc.
• How does this affect their child.
• Peers/other students.
• Bullying, also about weight – over/underweight.
• School’s policies on bullying.

[H]. What Can Schools do to Help?

• How they think schools could help? Their own experience?
• Health education?
• P.E?
• Other ways of understanding the body/fat/food/health?
• Performance and perfection.
• School-based discussion/self-help groups.
• School’s involvement with the *Eating Disorders Association*.

**II. Closing**

• I really value hearing what you have to say. Thank you very much for your help with my research.
• Please feel free to ask about any questions about anything or any of the research, or to contact me about this in the future.
Appendix G: Topics Explored During Interviews with Teachers at Eastwood House

This was used as a guideline only, in accordance with the semi-structured approach of the interviews. There was no rigid structuring or particular ordering to the interviews. The conversation often moved back and forth between topics with some overlap and the emergence of other topics or themes perhaps not on this list. Indeed, this list provided only a flexible means of prompting participants and of keeping the interview within the research areas to be explored.

[A]. Informed Consent: *Explain to participant in relation to following*

- Explain background to research.
- Confidentiality and anonymity.
- Don’t have to answer anything, can stop at any point without giving reasons, or change the topic/subject.
- Conversation, not interview. There are no right or wrong answers, I’m just interested in their own opinions and experiences.
- Any questions before we start?
- Consent to record the discussion?
- Sign Informed Consent Form.

[B]. Opening Up: *First of all and general questions*

Today I do have some areas we could, perhaps, chat over, but, above all I am interested in your own perceptions and experiences and so, first of all, I would like to ask if there is anything that you’d like to share with me to start off with?

- Their general teaching background and teaching students with eating disorders.
- Their own experiences teaching young people at Eastwood house.
- Their own thoughts/feeling/perceptions/experiences with regards to disordered eating and schooling?
- What they have learnt from working with students with eating disorders.

[C]. Physical Education

- Do the young people here seem to enjoy P.E/sports? Why/why not?
- Their own perception/experiences of P.E.
- Anything health or weight related?
- Competition and sports.

[D]. Exams and Achievement

- Exams at school
• What is it like for students these days?
• Importance of exams/academic achievement to the young people at Eastwood House.
• Hours spent working on school work/attitudes to academic work.
• Pressure/competition.

[E]. ‘Health’ at School

• Health education/what do students learn about health?
• P.H.S.E
• Education on resisting media ideology and ‘self-esteem’.
• Teaching about eating disorders.
• ‘Obesity epidemic’ and obesity prevention programmes.
• Learn about weight/overweight/underweight/BMI?
• Food at school.
• The ‘importance’ of exercise.
• ‘Children are all too fat these days’.
• Government ‘health’ imperatives, e.g. ‘Five a Day’ etc.
• Their interest/understanding/up-take of these and of the young people at Eastwood House.

[F]. Peers/Friends/Bullying/Relationships at School

• Friendships/relationships – their own experiences and how does this seem to affect those of the young people at Eastwood House.
• Peer pressure, pressure to look a certain way – the ‘right body’/clothes etc.
• Peers/other students.
• Bullying, also about weight – over/underweight.
• School’s policies on bullying.

[G]. What Can Schools do to Help?

• How they think schools could help?
• Their own experiences?
• Health education?
• P.E?
• Other ways of understanding the body/fat/food/health?
• Performance and perfection.
• School-based discussion/self-help groups.
• School’s involvement with the Eating Disorders Association.

[I]. Closing

• I really value hearing what you have to say. Thank you very much for your help with my research.
• Please feel free to ask about any questions about anything or any of the research, or to contact me about this in the future.
Appendix H: Topics Explored During Follow-Up Interviews with Participants

This was used as a guideline only, in accordance with the semi-structured approach of the interviews. There was no rigid structuring or particular ordering to the interviews. The conversation often moved back and forth between topics with some overlap and the emergence of other topics or themes perhaps not on this list. Indeed, this list provided only a flexible means of prompting participants and of keeping the interview within the research areas to be explored.

For each of the participants who took part in a follow-up interview, some of the themes and areas I explored were also tailored to each of them individually. I attempted to probe and expand upon themes which were emerging from first interviews and data-collection tasks. I also asked the participants about their own experiences and things I knew that were going on for them at that time. For example at follow-up, on returning to school, some participants had sat mock GCSE exams or SATs and had spoken about this to me at length previously, so this was one of the things we were to talk about when we first met-up again.

The following are therefore just a general indication of some of the topics and themes which were used as a guide for follow-up interviews. I also asked about some of the things the participants had written in their diaries and thus, some of the conversations were led at some points, through discussion of these.

[A]. Informed Consent: Explain to participant in relation to following

- Explain background to research.
- Confidentiality and anonymity.
- Don’t have to answer anything, can stop at any point without giving reasons, or change the topic/subject.
- Conversation, not interview. There are no right or wrong answers, I’m just interested in their own opinions and experiences.
- Any questions before we start?
- Consent to record the discussion?
- Sign Informed Consent Form.

[B]. Opening Up

- Are they going/have you been back to the same school?
- How long have they been back at school?
- Their experiences of returning to school after Eastwood House?

[C]. Returning to School

- Any changes at school after going back?
Appendices A-H

- What’s it like? Difficult/not difficult? Why?
- What are the worst things about being back at school?
- What are the best things about being back at school?
- Coping at school?
- Worries.
- Expectations.
- P.E.
- Peers/friends.
- Exams and academic achievement.
- Pressure?

[D]. Their School Before Eastwood House

- Tell me about your school before you went to Eastwood House?
- Discuss issues raised in their diaries.

[E]. Making Sense of Health and Food

- How have they learnt about healthy eating? Where from?
- How did they decide what to eat and what not to eat?
- How did they learn which foods were healthy/unhealthy?
- Which foods do they prefer to eat and why?
- Family/parents/friends.
- School/teachers/health education/P.E.
- Their up-take of these resources/how this affects them?

[F]. Making Sense of Eating Disorders

- How they have learnt about eating disorders?
- Did they know what they were experiencing?
- Their understandings of eating disorders.
- Their resources?
- Psychology/doctors/medical.
- Media
- School
- Their own feelings and experiences

[G]. Closing

- I really value hearing what you have to say. Thank you very much for your help with my research.
- Please feel free to ask about any questions about anything or any of the research, or to contact me about this in the future.
Appendix I: Drawing Out Themes from the Data

The original document that I used when drawing out themes from the data was over 105,000 words in length. It contained a lot of the original data set and numerous quotes under each sub-heading/theme. The example in this appendix has therefore been reduced considerably in length, for practical purposes. Some of the data have also been removed to protect the identities of the participants. Under each heading at least three quotes remain however, as an illustration of the original document and the process involved.

The numbers at the end of each quote from the data relate to the page numbers of the original transcripts (not provided for poster data or emails). All names, including the names of any other people that the participants mentioned, have been changed in this example for confidentiality and anonymity.

This was an iterative and overlapping process. Some quotes related to more than one theme and so, in the original document, some quotes appeared more than once, under more than one sub-heading/theme.

(1). PERFORMANCE & PERFECTION

- Exam Stress/Pressure

VICK (Dd): There was great pressure to pass the exam to get into my new school and I remember getting so worried and worked up about it. My parents and teachers all just saw it as a competition and didn’t really think about how it might be affecting me.1

CLAIRE (Pd): Exams – PANIC! Stop eating due to worry!

MR SHELDON (In): To be honest around this time we usually have an influx of students who are doing exams…
RA: Right.
MR SHELDON: …stress related…emmm…I’m always…emmm…last minute ordering papers and things for the children who are doing GCSEs and AS Levels…and so I’ve waited and know that in the next week or so we’re gonna get two or three.
RA: Really.
MR SHELDON: …at the moment I’ve only got one who’s booked in to do GCSEs here…emmm…but…by the end of next month I guarantee there’ll be four or five…every year’s the same…I mean I start off by not having many who are at the exam age or they’re not taking GCSEs…emmm…and then all of a sudden there’s four or five and the one year I had errrrr…I had ten…eleven in here doing exams…and we set the room up as an exam room…I mean if…it’s if you’ve got an illness that…that has been caused by some sort of stress…I mean…to do exams is another…is another pressure…
RA: Yeah.
MR SHELDON: and…and so that’s gonna kick-off any previous trauma that they’ve had so that’s…it does happen and I can prove it with numbers.6
• **Pressure to Achieve Academically at School**

CLaire (Em): Anyway, below is what my teachers say: 'you lot have got to stop making all these silly little mistakes! There’s a girl in upper sixth who got top marks, 105 out of 105! She’s a very clever girl, very clever!' My teacher said this whilst smiling! Then another teacher said: 'it is possible to get full marks, there’s a student in upper sixth who’s done it, she’s ever so clever! To have teachers say this to you about another student puts so much pressure us. When they said this I instantly felt like I was going to fail, and that I would never be clever enough to do as well as she did, especially as she is 'so clever!' And also, the aspect that not just one teacher said it, but two did! I think to encourage students they shouldn't say stuff like this, it has the opposite effect to what they want.

Amanda (In): And then I went back to do my A-Levels and…I sort of had done that because I felt pressured into it because…like teachers and friends…I felt like they expected it out of me because of the results I’d got in my GCSEs.

Vicky (In): Yeah…well getting into my new school was really pressurising.

RA: Do you think going to the new school…?

Vicky: It was all the new school…as I told you last night.

RA: Yeah…I remember…so you went to a massive new school…

Vicky: Massive!...and I…everyone was just like…I wasn’t really there…I felt like I wasn’t really there.

• **Pressure and Never Feeling Good Enough**

Claire (Em): I just wish I had more time, I feel like a failure. I’m stressed out cus I don’t feel I’m working hard enough! I feel like a bad person.

Mr. Ashby (In): Emmm…we…pressure’s always a contributor…emmm…I mean…our daughter’s a high achiever…pretty well everyone you talk to’s children are high achievers…they develop low self-esteem because they’re not satisfied with their performance…and…they…push themselves incredibly hard and are not satisfied…I mean our daughter got…when her GCSE results came through she got nine A*s and an A…and she was really…annoyed about the A…emmm…and in fact it was a mistake…it was…it…she ended up with 10 A*s…but…actually that doesn’t do them any good because they then believe that that’s a measure of success.

Vicky (Dd): The pressure of doing well in school influenced me to stop eating because I felt it was the only thing I could be in control of. The school need to focus less on work and more on making sure pupils are happy.

Amanda (Pd): My Pressured Life. [This is written in the middle of the poster and around it are words and pictures cut out of magazines which include the following]: Big, trapped, ‘live the dream’, stress, work addict, get fit, exercise addict, I hate my figure, think, calorie counter, stand out, weight watchers, pushover, diet, beauty, changing, secrets, runaway.
(2). PEER CULTURE AT SCHOOL

- The ‘Thin’ Gendered Body

KATE (In): Yeah…my friend Helen…I always thought she was perfect…like all the boys loved her…she was really pretty and everything…she was really slim…really skinny…and I just thought oh I really wanna be like that.1

AMANDA (In): Emmm…but…there were quite a lot of girls around that…especially in my year…there was like one group of really popular girls and they were all like really slim and pretty.9

CLAIRE (Pd): Don’t eat to be thin and pretty, boys, big boobs, thin.

- Competition and Comparison with Friends and Peers

TRACEY (In): Oh yeah…lots of people at school will call you fat and everyone like…your friends analyse everyone about who’s got the biggest thighs…who’s the…the prettiest and stuff….you have to have the right clothes and be thin and pretty and everyone compares each other…everyone looks…looks to see if you’ve lost or gained weight…like if you wear a skirt everyone looks to see if you’ve lost or gained weight…once the girls…the girls in my class even asked the boys to compare them all….like to compare all the girls and say who had the best body and stuff.3

SUSIE (Pd): All my friends are so much skinnier than me, it’s so unfair!

RUTH (Em): I take a lot of notice into the healthy eating of my friends (now more than ever) and if I feel they are eating more healthier than me it will really get at me. However with my mate, even though I knew she was healthily eating I thought she could eat whatever and get away with it so I had to work harder which meant eating more healthier, which in my case was less fat, less calories, less food, and more exercise to just get me that one step ahead.

- No One Eating Lunch at School/Not Wanting to be Seen Eating at School

RA: Yeah….a few people seem to have said that…that it’s difficult at school to…

VICKY (Fg): It’s so just competitive.

LARA: I dunno…greedy…but in front of all those people…I just felt like…

JANE: Yeah I felt like that…

RA: That you couldn’t eat in front of people…?

VICKY: I just felt like I was really piggy.2

REBEKAH (In): Emmm…like…before I got ill there was quite a bit of pressure…you know…people would always be looking at what you were taking for your packed lunch or what you were buying for your lunch…things like that…and then when I got ill I used to just go home for lunch times and things like that…so I just used to avoid all that sort of situation.

RA: Were they looking to make sure you were eating or was that just in general…everyone…?
REBEKAH: Just in general...everyone was so...you know...cus there’s just so much emphasis on what people should look like and what they should eat and diets...and what’s healthy and what’s not...it was just all that kind of thing.

LAURA (In): There were quite a lot of people at the school who didn’t eat properly anyway.
RA: Oh right...was that through eating disorders do you think...or...?
LAURA: Just like not wanting to be seen eating unhealthy foods...cus then everyone will think you’re really fat.

- Girls and Dieting at School

OLIVIA (In): My friends kept going...before I did have this problem...my friends kept going “oh I’m gonna lose weight, I’m gonna lose weight” and things.

GEMMA (In): I mean...obviously cus it’s an all girls’ school everyone’s like “oh I wanna lose weight” and “I wanna be skinny” and all this kind of stuff and...“can’t eat this and I can’t eat that”...and everyone tries to go on diets so emmm...I think...you know...people worry about it.

KATE (Fg): All my friends will sit there going “oh I’m on a diet”...“oh I lost a stone already”...and my friend has lost a stone cus she’s been on like a serious diet.

- Participants’ Issues with Friendships

CLaire (Pd): Friends don’t know what to do!

CASSANDRA (Pd): Left out, making/breaking friends, pleasing peers/friends, breaking boundaries, self-conscious, not fit in, different, trouble, attention, alone in a group, left out, new friends, friends change, expectations: Welcome back! Better now?

VICKY (Em): It has been hard with friends though but I knew it would be. I just get upset cos the friends that I had at my old school like Deborah, aren't really my friends now and it must be all my fault! It's all so complicated.

- Bullying about Body Size/Shape

SUSIE (Pd): At school there is so much pressure to look good. One day in P.E we were doing circuit training and in the changing rooms the coolest girl in our year came up to me and said I was fat! I was in tears. I lost control. This started some of it off.

STACEY (In): People kept calling me chubby and things like that.

CLaire (In): I’m really self-conscious of my legs because a lot of people have like...commented on them...well...this boy said I had fattish legs and stuff.
• Participants’ Experiences of Puberty/Issues with Puberty and Body Size

REBEKAH (In): I hit puberty early so I was always taller and like...naturally bigger than everyone else...emmm...so that was always an issue cus you always feel like...out of it...you know...with all your little friends still in like...you know...really small clothes and stuff like that...emmm...so that was a major factor...and...so when I sort of tried to stop all that they caught up...so yeah...that was a big thing...I got quite depressed about things like that.

VICKY (In): At my new school I do remember like being really upset because...I like...had like a growth spurt and I got like quite a bit bigger than what I was...I was bigger than some of my friends cus I knew I was because I like grew quite a lot but then I stopped obviously...but like I felt really huge compared to all of them and then I...I started just to like cut down and everything.

MRS SKINNER (In): Well...I think for girls...a lot of it is development...and I think it’s easy if you develop at the right time...I think if you’re a late developer...or perhaps even an early developer it can be more pressure on you...you know you feel ‘out’...you know teenagers...they don’t like to be different do they...you know...then that can be difficult...and I think Vicky actually wanted to grow up but somehow it sort of came out as shutting herself down and...it seems very complicated and reversed but it’s how it sort of came out.

(3). TEACHERS

• How Teachers Responded and School Support

TRACEY (Pd): My teacher noticed it first she said “you’ve lost weight” and started asking me what I ate at dinner. I told her then she wanted to know what I was eating at home. She wasn’t sure but she told me to see the school nurse. She told me that I was underweight and gave me a food diary to write down what I was eating but then she took it the doctors and I went to see him.

MR SKINNER (In): But support is the real thing...I mean a feeling of...I mean I felt at Vicky’s school that they knew what we were talking about but it wasn’t...I wouldn’t say they were as aware as perhaps...not of Vicky but just of...the disease...you know...I think errrrr...other schools could be much more aware.

CLAIRE (In): The teachers did notice like...when I started losing the weight...and they were like really worried about me...and they were like “Claire you’ve got to eat...your Mum must be really worried”...and I had this emmm...chemistry teacher and she was...emmm...she’d always like ask how I was.

(4). ‘HEALTHISM’ & HEALTH PEDAGOGY

• Learning about ‘Health’ at School

STACEY (In): They were like always having assemblies on like...healthy food and then...they’d have like...‘No Fast Food Days’...like on a Wednesday you can’t get fast food like chips and pizzas and stuff.
RUTH (Em): I remember when I was seriously dieting and was getting to the point of not eating a lot or properly at all and I was sitting in the canteen at school looking around at all the boards, pictures and notices. There were so many facts I was trying to take in about food, “5 portions of fruit and veg a day”, “wholemeal helps your body”. I was trying to get it right, take it all in and do the best I could do but obviously at this point things were too much out of control.

MRS SKINNER (In): Yeah…interestingly Vicky did very well in food tech! [laughs] cus you know…she knows all the ins and outs of all the bits and pieces…but they…and they often have a theme for a term so for this term it might be ‘politeness’ or whatever and the…you know ‘healthy eating’ was one term…so…you know…they are aware of it and they tend to have these…and they encourage fruit for snack time and that sort of thing…so…from my point of view I’d like them to have a biscuit really because…you know…I feel they need some sustenance and if they don’t have huge appetites…you know these little people sometimes you think…you know…a digestive biscuit would be good…you know…not everyone want to eat a carrot or some cucumber.

• Learning about ‘Health’ from Family

KATE (Fg): Ok…well…before…when I was happy with how I looked…I wasn’t overweight or anything…I was like happy…and then like my Dad said to like…he was gonna take me…my brother and my two sisters on holiday and he said…he told us to all lose weight for the holiday…JANE: He told you that?! Your Dad!

KATE: Yeah…and then…so me and my little sister we made a diet thing…we had to stick to that we had to eat…like it was no chocolate or anything…and then I just took it too far cus like…my Dad said…‘you could do with losing a bit of weight’…and then like…when I went to school…all my friends were like skinny and I’m not…and I never used to think that at all…VICKY: Neither did I.

KATE: …and then I just started thinking that and looking…and then I wouldn’t be able to walk past a window or a mirror without looking in it and thinking ‘oh my God’.15

LARA (Fg): My Mum thought it was alright cus I was like fat…so…it was ok for me to like eat…more healthy…she encouraged me to be more healthy but…cus I was like unhealthy.7

SUSIE (In): At first it…it weren’t really that bad…just sort of like more healthy eating…but then…my Mum thought ‘oh yeah, it’s really good that she’s like starting to eat like healthy and stuff’ but then she was like “d’ya want a Nutrigrain bar or something, it’s still healthy?” and I…but I was like “oh no I’m not hungry” and stuff.4

• Good Food/Bad Food

TRACEY (In): I used to do like emmm…health skills and that in PHSE.
RA: Oh right…what sort of things did you learn?
TRACEY: Emmm we just used to like talk about drugs…and alcohol.
RA: Yeah
TRACEY: Drink and…drinking and driving… how it’s bad and that.
RA: Yeah
TRACEY: …and we did about healthy foods and emmm…they taught us like salads…fruit and salads are healthy and chocolate and ice-creams aren’t.

JANE (Fg): I think like…I just feel like…cus at school they teach you about healthy eating…like what’s good to eat and stuff…and like you get the information…they like teach you about fruit and stuff and vegetables and…all that is like good food…and like chocolate and crisps and chips is like bad food and you shouldn’t eat it…and like…and…I dunno…you start thinking about that and you get like…you start getting really obsessed.12

RUTH (Em): I learnt about what healthy foods are from just what I was always hearing, good and bad foods. I find it hard enough eating but if I’m putting good foods in my body then it feels better as I’m not harming my body with bad foods.

- Participants’ Understandings of ‘Health’

RUTH (Em): I still feel now and am always trying to keep up with the health rules of food. I need to follow them to help me feel better. I prefer to eat things that have been recognised as healthy, low fat, low calories etc. whole-grains, just more natural. I feel so much better if I eat those healthy foods as then I know I’ll lose weight, I’m in control and I’ll get the body and life I want.

RUTH (Em): Like I mentioned, I do feel that the messages sent out by schools, government and magazines has had a huge affect on me. When I started dieting if I found out something was healthy, I had to have it. I felt that I was being different to most people eating chips and I suppose in a way that I would get recognised for being healthy. I don’t know why this felt good, it’s as if people would think I was doing good and in the early stages I did get praised for taking care of myself. If I’d go to the canteen and there was something healthy I’d have to have it, anything to help me feel better. I am always feeling guilty, debating on what to eat, but for me the healthier options and messages if I was to always follow like before will kill me as I take them too far till I am out of control.

AMANDA (In): After Christmas when I went back to school there was a girl there and she’d lost a lot of weight…like in the couple of months that I hadn’t seen her…and she seemed to be getting a lot of attention and she looked quite healthy and thin and it was from dieting…so I thought well it obviously works so I want to get like that.1

- Starting with ‘Healthy Eating’

VICKY (In): I thought…I have to cut down a bit…and then I just went to like healthy eating over the summer…and I was like always eating like five portions of fruit and vegetables first…and then at my new school I just didn’t eat…it all went down completely…it all went down hill…it didn’t…it couldn’t…my parents tried to help me…they like…they noticed what was going on…but you see at first they didn’t because like I was always fine with food…they didn’t expect it from me.4
RUTH (In): But when I did start dieting I did go a lot healthier…it was good…but then it got really like limiting lots of food and then just like to three meals a day…very healthy…no snacks…nothing and then it just deteriorated and deteriorated and it was literally just starving…it was only for like a few weeks before I…before they got me in here.1

KATE (Fg): Some people start [an eating disorder] by giving things up for lent.

VICKY: I started by healthy eating…and like for breakfast I’d just eat fruit…everyone drank Diet coke but I just couldn’t drink anything like that…I couldn’t drink Diet coke…I just thought it had loads of calories.

JANE: I’d have like my 5 portions of fruit and veg…

LARA: I was just like fat so I did need to lose weight…I cut out like crisps and that…

SUSIE: I cut out crisps and chocolate and take up fruit and stuff…

VICKY: I cut and crisps and like Mum noticed cus she gave me crisps to take to school for a snack and I never did anymore…I took a snack like an apple instead.7

(5). EXERCISE & P.E

• Health Based Physical Education (HBPE)

SUSIE (In): In P.E we haven’t actually…we haven’t like…we have to be fit like cus they go on about your fitness and how like how fast you are cus in circuits…we did circuit training…and like…control and like balance and stuff.6

JANE (In): We learnt in P.E that exercise like…burns calories and like…keeps you at a good weight.7

LARA (In): Emmm…there were overweight children…and it was very sport orientated…but I mean it was alright cus I was good at sport so I wasn’t sort of like the fat kid who couldn’t do sport…I was always like…good at it.15

• P.E and No Pleasure of Movement/Enjoyment

SUSIE (In): At first I liked P.E just cus it’s fun and…it’s exercise and it’s healthier and like…emmm…it’s quite fun cus like you’re not doing work and stuff…you’re like…and whatever…but then I thought…oh yeah this is really good for burning…cus we did circuit training.5

OLIVIA (Dd): Oh and another thing I did was gymnastics after school. I thought that was very good cus it’s exercise and you learn to keep your self fit and healthy.

ANNE (In): Emmm…they just sort of said ‘push yourselves to the limit’…and I thought…you know…I sort of didn’t kind of think I was fit enough sometimes.

RA: ‘Push yourselves to the limit’…what did they mean by that?

ANNE: They sort of meant like…emmm…not just sort of do your best…but do your best, best, best, best, and I was like arrrrrgeggh!…and…emmm…during…during like some lessons…emmm…near the end…you know…I was quite weak…and they…and they sort of made you push yourselves to the limit and I was like ‘help I can’t do this!’5
• P.E, ‘Moral Superiority’ and Over Exercise

TRACEY (In): In PE they used to tell us not to be lazy and call people lazy if they thought they weren’t trying hard enough at what we were doing.4

JANE (In): Well like…I completely like…I started…I’d always exercised quite a lot but I like increased the exercise even more…and then like…I was like a manic exerciser…I got like…obsessed with exercise.5

MR ASHBY (In): I think one of the things that schools are probably not aware of is the…relationship between exercise and eating disorders and in particular over exercise so…they let them over exercise and at times they even encourage them to over exercise and I think that’s…that is a key thing…I mean…from our own experience…over-exercise was a key element of it…you know…RA: Yeah.

MR ASHBY: …and of course part of the problem then with over exercising is it then becomes a cycle…in the context of…of physical fitness is deemed to be…an…an integral element of being well…in their minds…and when you’re trying to get them well…which involves attacking the physical fitness that’s…that’s a really difficult barrier to then break down.2

• P.E and ‘Ability’

JANE (In): P.E was hard cus I’m like…I’m not like very good at sport…I’m not very good at like things like that and I wanted to get better as well and then I felt like…cus I wanted to do exercise cus I liked exercise but then I thought everyone would think I was like lazy cus I’m not very good at it.7

REBEKAH (In): I hated P.E…I’m quite sporty now but I hated P.E…again it was like the competitiveness.

RA: Really

REBEKAH: And like team things…you know if you’re not very good then you get like…you know that thing where you pick your team…well…no one ever picked me at all ever…for anything…I think for gymnastics I used to like avoid…cus you know…I could never do a forward role or anything like that…so it was things like that…that I just hated.4

CLAIRE (In): People who are good at sports are like the ones who are all like slim and…can run and they…I think a lot of girls were a bit put out by P.E as well.4

• P.E and Self-Consciousness/the Body on Display

CLAIRE (In): In P.E…a lot of girls were like self-conscious when we were getting changed and stuff.4

RA: Yeah…well I know you said you hated P.E because you felt self-conscious in shorts and things like that…what’s that like now?

VICKY (In): Even worse!

RA: Really?

VICKY: Because like even though I felt really fat I knew I was skinny…I was really skinny but I felt really fat but…now I just know I’m like normal so I really hate P.E
and like everything about P.E is just really awful…and like swimming…it’s not that bad because you’re in the water and everything but I hate like having nothing to wear apart from the costume…
RA: Yeah
VICKY …it bothers everyone though…normal people seem quite bothered too which I suppose is normal.13

REBEKAH (In): We had to have like communal showers and I don’t agree with that at all…at all.
RA: No…
REBEKAH: …if you’ve been out all day for a lesson then you’re gonna have communal showers and that just puts more emphasis on everyone like looking at each other…or like communal changing rooms…I just think that’s terrible…and then afterwards it would be all like the bitchiness…’oh did you see her or did you see her!’…it was terrible I think!5

(6). MONITORING & SURVEILLANCE

- Surveillance at School

REBEKAH (In): There’s all this stuff about [healthy] school dinners and everything like that.
RA: Did you have things like that?
REBEKAH: Yeah…we did actually cus when you think about it…it really annoy me actually cus like years ago when your parents were at school and stuff…there was not all the…you know people just had their dinner and that was it…there’s so much emphasis now I think…and it can cause a lot of problems.
RA: Yeah…was there much at your school then?
REBEKAH: Yeah…there were posters everywhere and…you know…it’s just ridiculous…and even with the young…cus I was quite a fussy eater anyway…so I think it just makes it worse…definitely…yeah.3

MRS GIBSON (In): It was parents’ evening last night and…what they do…they have a Smart Card…like a swipe card thing…to put their dinner money on…and what they do is they have a maximum amount the child can spend so they can’t like let the child save the money and not eat all week and then have a massive blow out on Friday or something…and they’re not allowed to have any money or a vending machine or anything…they have to have the Smart Card.
RA: Oh right.
MRS GIBSON: And another thing you can do is you can actually get a printout of what they’ve eaten to make sure that they’re not eating…you know…
RA: I see…so is this for parents?
MRS GIBSON: Well all the…the teachers monitor it as well cus she said…”oh sometimes I have a look” and…she’ll say to one of the kids “oh why did you have a pizza at 11 o’clock?” and the kid would say “oh I didn’t have any breakfast”…so she’s saying “make sure your child comes to school with breakfast”…emmm…but yeah…you can actually request a copy of it.9
Weighing at School

REBEKAH (In): We used to have to get weighed in the class and that was terrible.
RA: Oh no!
REBEKAH: It was to do with maths or something…and that was horrible…because then everybody knew your weight and then…a lot of the lads actually used to go on…and…you know…shouting out your weight in the class…things like that…that was terrible…really terrible.
RA: Do you think that influenced you?
REBEKAH: Oh yeah…huge…huge…absolutely huge! It was like…after that…everything went a bit pear shaped…it’s not on…it’s really bad.

LARA (Pd): I used to be overweight and I remember one time at school when the whole class got weighed and the teacher said “oh it’s the big one” and I was the heaviest in the year!

MRS SKINNER (In): Yes…it’s definitely…we think…a bit of a one way message system with everything coming from that direction [from ‘healthism’ type messages] whereas I do feel it should be balanced out in some way…I mean emmm…and…Vicky was actually weighed at school and that did come up…you know…as a possible starting point…not the starting point of course…there are so many but…this was at her school before and I think it was to do with measuring volume or something…I think it was in a physics lesson but…all the girls were aware of what they weighed and Vicky was aware that she weighed more than two of her other friends at that time…and that did come up with her…so yes…no…I think those things are to be avoided…definitely.

(7). ‘OBESITY & FAT’

The ‘Fat’ Body and ‘Being Fat’

RUTH (Em): I don’t really know why I have such a fear of being fat, but I know that when I lost weight I was smaller and felt more daintier, as if I could then be protected more from anything, just a lot more safer. I really fear any comments of being fat as then I just feel inadequate and not as good. If I was like proper obese that would hurt.

SUSIE (In): So I just thought…oh I just wanna lose a little bit…just a little bit…to get like…like toned and sort of like…normal.

JANE (In): When I went back to school I just got really depressed…I don’t…I don’t actually know why…I just felt like really depressed…I just felt like really horrible…I felt like really fat and I didn’t really want everyone to see me.

Dietary ‘Fat’ as ‘Bad and Immoral’

OLIVIA (In): It was just deep fried fat food…it was annoying…everyone would come in the classroom [at Eastwood House] and say “oh we’ve got fish, chips and cake”…and it was like gross.
CLAIRE (In): We learnt that like chips and burgers were fatty…and also crisps and chocolate.7

MRS BAILEY (In): I’m sure they were taught about healthy diets and unfortunately I think the emphasis is very often on low fat diets…“don’t eat too much fat it’s bad for your heart…etc…cholesterol…damages your blood vessels” and all the rest of it…learn about that and they take that on board and they don’t realise that this is not to do with young people who are still growing…I mean…they talk about healthy diets…what you should eat…they talk about the dangers of too much anything…particularly the dangers of too much fat…so…you know…but that’s the only side.8

(8). GOING BACK TO SCHOOL

RUTH (Em): It was really nerve wracking going back to school, I felt as if I was going back to face my anorexia because the last time I was there I used to look in a certain mirror all the time at my body and face. It wasn't too bad though as everyone was so nice and my class were just great. I did get a few funny looks but I was quite surprised as a few people didn't know where I'd been.

VICKY (In): I think…when I went for my weekend it was because I was like gaining and everything and it had the pressure of going back and not being able to go in time for my holidays…do you remember…like that whole thing I kept going on about? RA: Yeah…yeah.
VICKY: So I think it was quite stressful and I didn’t enjoy that at all…I didn’t like going back…everyone like seeing me…but I didn’t…when I first went back for my first long weekend…I hated it and everyone was like ‘oh my God you look so different’…blah, blah, blah, blah…and I was like ‘shut up!’2

RA: So how do you feel about going back to school after you’ve been here?
JANE (In): Emmm…I'm not really looking forward to it….cus I just seem to get like really depressed there.10

(9). COUNTER DISCOURSE & RESISTANCE

RUTH (Em): I think schools and government are always talking about school meals and offering just healthy foods, but for me this makes things so much more dangerous. It feels like there’s like a thing from governments and from schools for kids to lose weight and that.

RA: That’s fine…ok…is there anything you want to say about your poster Jane?
JANE (Fg): Emmm…I dunno…I think like…at school they teach you about healthy eating…like what’s good to eat and stuff...
RA: Yeah
JANE: …but they just emphasise on like…and forget that some people might take it too far.12
VICKY (Dd): Food tech is a big problem because my teachers are always passing the message that fat is bad and that we all need to cut down. This message needs to be
turned around because it is not helpful for some people, that is all they need to convince them to stop eating.4

**(10). VIEWING ‘EATING DISORDERS’ AS INDIVIDUAL PATHOLOGY**

VICKY (In): Yeah…it isn’t…because like…emmm…you know the book here…my parents read that but…they just…it was all just like factual and everything…and like they have a parent’s booklet with like ‘this is what your child will say on their first phone call’.
RA: Yeah
VICKY: and it’s just like all structured and I hate it…it’s just stupid cus it’s different for everyone.6

MRS WOOD (In): Cassandra was never in denial.
MR WOOD: No
MRS WOOD: They do say that’s one of the characteristics of anorexia.
RA: Yeah
MRS WOOD: But she never was…she said “yes I know”…and she was scared…she said “but I just can’t eat…I’m not interested in being thin but I just can’t eat”.
RA: Right.
MRS WOOD: She is interested in being thin now.
MR WOOD: Yeah!
MRS WOOD: But that came later…at the early days she wasn’t.
RA: Oh right
MR WOOD: In fact we wondered whether there was something physical…I mean one of the things was to get various tests to see…I dunno what…see if something had gone wrong with her appetite…but the results were negative so…
MRS WOOD: …and it very quickly became a psychological disorder…she was very distressed in those early weeks…and she was very quickly at a very low BMI…so by the middle of October she could hardly stand up and by the end of October she was in hospital so it was in roughly three months…from onset to hospitalisation.11

AMANDA: Yeah…I was like trying to tell them myself that it [an adult psychiatric unit] wasn’t the right sort of place for someone with an eating disorder.3

- **Participants Using the Language of Psychology**

JANE (Pd): Vicious cycle, no escape, power and control spirals down.

VICKY (Fg): I’m a complete perfectionist…I have to have control!11

CLAIRE (In): and I’d be ahead of everyone else in that year but…like…I…whenever I go in the classrooms…whatever they’re trying to teach me…just because I know that I haven’t learnt loads…I won’t let myself learn any more…it will just bounce off my head because I think…cus I’m like ‘all or nothing’.3

VICKY (In): Yeah…it’s awful…I wouldn’t want to try it cus I might get addicted and I think I’ve got like an addictive personality cus like when I wasn’t eating…I always felt…if I tried food I’d want more and more and more.10
(11). THE MEDIA

- Participants Narratives on the Media

VICKY (Ic): I hate all this stuff in magazines…it’s really like…obvious that we should all lose weight.
RA: It’s just that people make a lot of money from it don’t they…that’s why they advertise it so much.
VICKY: Yeah but people actually do listen…I always thought that like…they were always aiming at me when there was stuff in the magazines.
RA: They’re aiming at anybody who’ll buy it.1

ANNE (In): And also the programmes on TV…at that time cus I…cus I…I lost a lot of weight like…just after the UK Fat Nation Challenge thing.
RA: Oh right…so did that affect you then?
ANNE: Yeah….it was just sort of general knowledge…but not…it wasn’t really very helpful.4

AMANDA (In): Like…if I’m like reading about somebody then I just think oh I want to be like that thin again…or say like they’re watching diet stuff on TV and it just makes me think…oh God I’m in here having to eat this…and that’s what I should be eating.7

- Counter-Discourse of ‘The Influence of Media Imagery on Women’

MR ASHBY (In): Well…the media is hugely at fault…emmm…you know…if you…if you think about the magazines that…the magazines for women…that are produced for women they give a false impression of…of women.
RA: yeah
MR ASHBY: …so…some of them are air-brushed but they’re done…they’re done in such a way…you know…that you wouldn’t see…emmm…you know you wouldn’t be able to see that they’ve been air-brushed but…but to…to teenagers that…they look real…and…you know…women without busts…you know…very thin…very skinny…and if you actually look at a lot of the magazines…a lot of women are portrayed in that way…which is not real…because…to be in that position the chances are that the women is…if she really is like that…is anorexic…her…is…is infertile because…she…she…you know…she’s got no bust…she’s got nothing…you know…it’s all gone so…you know…it’s an extremely dangerous situation and…and letting these magazines go out in this way…emmm…it’s giving a totally false expectation…and a false image to girls.3

MRS JONES (In): I think that…I think…you know…magazines have more of an influence on them…you know the super thin models and stuff…I mean…oh Lara’s always saying “oh my legs are fat” and they’re not…you know.6

MR KING (In): There was only one thing I was gonna put on record…like we’ve said before…I think a lot of these slimming…treatments…the tins and the packets…they all…they ought to carry health warnings as well I think.
RA: Yeah
MR KING: …and also I think…when these magazines carry like…particularly the ‘Bella’ and the ‘Best’…come straight to mind…every week on the front page it says ‘how I lost so many stone’…they also ought to carry opposite that the perils of anorexia so you read about losing all this weight on this diet and then on there is ‘look what happens with anorexia’.16

(12). EMOTION & AFFECT

VICKY (In): Yeah…and I was really upset one evening when I got home…I was like “I can’t deal with it…I can’t deal with the school anymore…I wanna be home tutored!” and my parents were like “what!?…you’re being irrational” and I was like “I wanna be home tutored!”…and then they were like emmm…“it’s hard to change schools now and really school is just a thing you have to cope with until you leave school…school’s never really gonna change”…so…I used to love school…RA: Did you?

VICKY: …when I was about eight…when I was so innocent! [Laughs]

RA: What is it about it now that…?

VICKY: It’s just everything…work…friends…everything about school gives me an ache in my stomach…pressure…like pressure of school…I hate it…exams are the main thing…and I’m so different from everyone else…everyone else doesn’t care really.9

RA: Yeah…is there anything you’d like to say from your poster Olivia?
OLIVIA (Fg): Emmm…I used to feel cold but fat…exercise like mad…

RA: Yeah

OLIVIA: …emmm…depressed about school…eating…pain…anger…fear and tears.10

MRS SKINNER (In): You know…at the beginning I was worried we weren’t going to get her physically back to school cus she was not in a good way…she was very happy to be out of Eastwood House but then suddenly school loomed after the holidays and I could feel her really tensing in every sense…lot of arguing…you know…a lot of this.7

MRS KING (In): Since then she has attempted to go back to school but it’s not been easy for her…RA: Right

MRS KING: …she gets very anxious…very…has been very depressed…emmm…and has been asking for help…it hasn’t been easy…I wouldn’t say…at all.3